



**Platinum Health Plan  
Retired School Division Employees**



## Eligibility

Retired employees including their spouse and eligible dependents can become members at their time of retirement. To be eligible for coverage, you must be at least age 50 and apply within 90 days of retirement. If you were not participating in the Health plan before you retired, then you must have worked in a school division for at least five continuous years immediately prior to retirement in order to be eligible for coverage. Retirees become eligible for plan benefits on the first of the month following receipt of the application at Blue Cross, provided application is made within 90 days of retirement.

The term “Spouse” means the person with whom you are legally married or have continuously resided with for at least one year in a conjugal relationship.

You must add your spouse to your plan when they become eligible (date of marriage or one year from the date of cohabitation). If the change is reported within 90 days of the date of eligibility (date of marriage or one year from date of cohabitation), coverage for the spouse and dependent children (if any) will commence on the date of eligibility. If not reported within 90 days but is within one year of the date of eligibility, coverage for the spouse and dependent children (if any) will commence one year from the date of eligibility.

The term “Dependent” means all natural children, legally adopted children, stepchildren and children for whom you are the legal guardian. Children of the person with whom you are living in a conjugal relationship are also eligible, provided such children are living with you. All children must be unmarried, under the age of 21 and dependent upon you for support, or unmarried and under the age of 25 and in full-time attendance at an accredited educational institution, college or university.

The age restriction does not apply to a physically or mentally incapacitated child whose incapacitation commenced while they satisfied the definition of a dependent child, as described above.

Spouses/dependents of deceased retirees may continue coverage on a premium paying basis.

## Enrollment

You must enroll according to your true family status listing all eligible dependents.

In order to protect the viability of these plans, if you leave the health plan once enrolled, you will not be permitted to rejoin the plan at a later date.

## Ambulance Benefit

You will be reimbursed 100% of eligible expenses in your home province.

**Ambulance Service** – Full payment of reasonable and customary charges for ambulance services provided within the province or for those who live near the Saskatchewan border and require transport to a Saskatchewan hospital. Payment of up to \$250 per trip (based on the provincial rates) for ambulance services provided elsewhere.

This includes not only local ambulance services to and from hospital but also long distance ambulance trips for which additional mileage charges are made.

There are no limits on the amount payable within the province or on the number of trips covered.

All “emergency” ambulance trips are covered, and “non-emergency” trips are covered on the prior recommendation of the attending physician if the patient is non-ambulatory and cannot be transported by any means other than ambulance.

Air Ambulance allowances will be paid up to the amount equivalent had the services been provided by ground ambulance.

**Stretcher Service (Medical Van)** – Charges for “non-emergency” transport by a participating medical transfer service are covered to a lifetime maximum of \$500 per person.

**Hostel Accommodation** – Payment of the reasonable and customary daily charge for hostel accommodation if you require diagnostic testing or treatment, on the prescription of a physician, at a hospital located more than 60 km from your home, and you are placed in a recognized medical hostel associated with the hospital.

### Exclusions and Limitations

See Page 9.

## Extended Health Benefits

Eligible expenses are the Usual, Customary, and Reasonable charges for the following services and supplies required for the treatment of illness or injury. You will be reimbursed 80% of the following eligible expenses:

**Accidental Dental Treatment** – Charges for dental treatment resulting from accidental injury to jaw or natural teeth. Treatment must commence within 90 days of the accident. Dental implants and orthodontics are not covered.

**Assisted Care** – Charges for assisted care services up to \$30 per day for a maximum of 14 days per illness or injury. To be eligible, services must be prescribed by the attending physician or nurse practitioner and be provided within the 12 months following discharge from hospital where you were hospitalized as an in-patient. Eligible services are those provided by persons (not relatives) regularly employed as a professional health care aid, home care worker, or homemaker.

**Cardiac Rehabilitation** – A lifetime maximum of \$500 for patients with diagnosed cardiac disease requiring the services of a recognized cardiac rehabilitation program when prescribed by the attending physician or nurse practitioner.

**Foot Orthotics** – Charges for the cost of foot orthotics when prescribed by the attending physician, nurse practitioner, chiropractor, occupational therapist, physiotherapist or podiatrist to a maximum of \$500 per person per calendar year.

**Hearing Aids** – Charges for the purchase or repair of hearing aids when prescribed by an otologist or clinical audiologist to a maximum of \$2,000 per person during any 6 consecutive year period. Charges for regular maintenance, batteries or recharging devices are not eligible expenses.

**Medical Appliances** – Charges for the rental, purchase or repair of:

- an iron lung when prescribed by the attending physician or nurse practitioner to a maximum of \$1,000 per person during any 5 consecutive year period.
- a wheelchair, hospital bed, oxygen equipment or respirator when prescribed by the attending physician, nurse practitioner or occupational therapist to a maximum of \$1,000 per item per person during any 5 consecutive year period.
- walkers when prescribed by the attending physician, nurse practitioner or occupational therapist.
- other medical equipment when prescribed by the attending physician, nurse practitioner, occupational therapist, physiotherapist or athletic therapist to a lifetime maximum of \$500 per person.

**Orthopedic Shoes and Modifications** – Charges for orthopedic shoes custom made from a mould, or stock shoes which are modified (excluding orthotics or insoles, removable or permanently-affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality.

Charges for orthopedic shoe modifications (excluding orthotics or insoles, removable or permanently-affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality.


A copy of a prescription from the attending physician, nurse practitioner or podiatrist including a medical diagnosis along with detailed description of the orthopedic shoes and modification(s) is required.

Payment is limited to a combined maximum of \$500 per person per calendar year.

Boots, sandals or sport specific footwear are not eligible.

**Paramedical Practitioners** – Charges for the services of the following paramedical practitioners to a maximum of \$850 per person per type of practitioner (unless noted below) per calendar year:

- athletic therapist/physiotherapist (combined)
- audiologist
- chiropractor (including x-rays)
- clinical psychologist
- licensed massage therapist (not a relative)
- naturopath
- occupational therapist
- osteopath
- podiatrist/certified foot care nurse (combined)
- registered dietician
- speech therapist

**Prescription Drugs**  – Charges for drugs or medicines that are eligible with Manitoba Pharmacare, prescribed by a physician or nurse practitioner and dispensed by a pharmacist. The annual maximum amount payable will be governed by the amount of the deductible of Pharmacare or any other government sponsored program. A prescription is comprised of both the ingredient cost and the pharmacist's dispensing fee. (Dispensing fees vary.) Dispensing fees for prescription drugs are covered to a maximum of \$7 per prescription. The prescription drug benefit is limited to a maximum of \$2,000 per person per calendar year. There is a maximum 100-day supply for any single purchase of a drug.

**You will be notified to register with Pharmacare when your incurred costs for drugs or medicines have reached \$1,000 per family (or contract) during the Pharmacare year. If proof of registration is not received, payment of charges for drugs or medicines will be suspended once the incurred costs reach \$1,500 per family (or contract) during that Pharmacare year until proof of registration with Pharmacare is received. This ensures that Pharmacare eligible costs are paid by Pharmacare.**

**Your dependent children 18 years of age and over will be notified to register with Pharmacare when costs for drugs or medicines have reached a maximum of \$100 during the Pharmacare year. If proof of registration is not received, payment of charges for drugs or medicines will be suspended when the incurred costs reach \$200 during that Pharmacare year until proof of registration with Pharmacare is received.**

## **What is BlueNet?**

BlueNet is a state-of-the-art, point-of-sale claim system created by Manitoba Blue Cross.

## **How does BlueNet work?**

- When you make a prescription drug purchase, present your BlueNet card to the participating pharmacy.
- The pharmacist will enter your contract information into the computer along with the details of the drug purchase. Within seconds the BlueNet system will process your claim.
- The BlueNet system will notify the pharmacist if you have reached your prescription drug maximum, or if the drug being purchased is not covered.
- The BlueNet card is valid at any participating pharmacy in Manitoba.
- The BlueNet system eliminates the need to file paper claims. In the past, you may have either lost prescription drug receipts, or forgotten to file claims. As a result, you may not have received the full benefit of your prescription drug plan.

**Private Duty Nursing** – Charges for private duty nursing or home visits by a professional registered nurse (not a relative) either in the hospital or home when prescribed by the attending physician or nurse practitioner, to a maximum of \$3,000 per person per calendar year. Visits to the home must be within 12 months following discharge from the hospital and the service must be consistent with the treatment for the condition for which the patient was hospitalized.

**Prosthetic Appliances and Remedial Equipment** – Charges for purchase or repair of:

- casts, canes and crutches.
- artificial limbs and eyes when prescribed by the attending physician or nurse practitioner.
- compression garments when prescribed by the attending physician or nurse practitioner.
- breast prostheses and surgical bras when prescribed by the attending physician or nurse practitioner to a maximum of \$400 per single mastectomy and \$800 per double mastectomy per calendar year.
- wigs or hairpieces when prescribed by the attending physician or nurse practitioner to a lifetime maximum of \$1,000 per person.
- splints, trusses, braces, lumbar-sacro supports, corsets, traction equipment and cervical collars when prescribed by the attending physician, nurse practitioner, occupational therapist, physiotherapist or athletic therapist.

**Tutorial Allowance** – Charges of up to \$15 per hour for tutorial services to a maximum of \$1,500 per illness or injury incurred within 6 months of the date of accident or illness. To be eligible, the student must be totally disabled for a period in excess of 30 days within a 90 day period immediately following the illness or injury.

## **Exclusions and Limitations**

See Page 9.

## Vision Care Benefits

You will be reimbursed 80% of the following eligible eye care expenses up to a maximum of \$100 per person during any 24 consecutive month period, provided that no portion of the cost is eligible for payment under any legislative plan:

- one eye examination when rendered by a physician, ophthalmologist or optometrist.

### Exclusions and Limitations

See Page 9.

## Travel Health Benefits

Travel Health coverage is provided for you and your dependents. **Note: Any trip in excess of 60 days in duration, that includes travel outside of Canada, is not eligible for benefits.**

The following travel health benefits are applicable to unexpected emergency treatment only. Benefits are payable with no overall maximum.

### Summary of Benefits

You are covered for 100% of the expenses listed below:

- Hospital in-patient and out-patient charges.
- Medical and surgical charges for services provided by a legally qualified physician. Charges for services rendered in connection with general examinations for “check-up” or for cosmetic purposes are not eligible expenses.
- Ambulance charges for service from the place of illness or accident to the nearest hospital.
- Economy air transportation to your home city in Canada by stretcher if you have received treatment at a hospital as an in-patient.
- Emergency evacuation by a commercial operator licensed to carry passengers from a mountain, body of water or other remote location when a regular ambulance cannot be used, to a maximum of \$5,000.
- Dental care to natural teeth when necessitated by a direct accidental blow to the mouth only, and not by an object wittingly or unwittingly placed in the mouth. Maximum coverage \$3,000 per accident.
- Treatment for the emergency relief of dental pain to a maximum of \$300. Services must be rendered outside your province of residence. A letter from the attending dentist must be presented indicating treatment was necessary to relieve acute dental pain not present before date of departure.
- In the event of loss of life, up to \$7,500 towards the cost of transporting the deceased to their home city in Canada, or up to \$5,000 for cremation or burial at place of death.
- Blood or blood plasma if not available free of charge.
- Private duty nursing.
- Additional cost, if any, of the most direct return (economy) air travel from the place where you are hospitalized



as an in-patient to your home city in Canada, including the cost of return economy air travel for a graduate professional nurse when nursing care is required during the flight home. This benefit must be supported by a letter from the attending physician as medically necessary. This benefit is also available to your family (spouse and dependent children) or one travelling companion covered by a Manitoba Blue Cross Travel Health Plan travelling with you at time of injury or illness.

- Additional board and lodging expenses incurred beyond the original duration of your trip by a relative or friend also covered by a Manitoba Blue Cross Travel Health Plan remaining with you during your hospitalization as an in-patient.
- Charges for transportation to your bedside incurred by your spouse, or any one parent, child, brother or sister to be with you while you are confined to hospital as an in-patient for at least 3 days outside of your province of residence. Transportation charges for a family member to identify the deceased prior to release of the body, if required by law. Coverage for round-trip economy air fare via the most direct cost effective route.
- Physiotherapy provided in a hospital.
- Chiropractic and/or Podiatrist services. A letter from the attending practitioner certifying that services were for acute care is required for claim submission.
- Prescription drugs.
- Repair or replacement of eyeglasses or contact lenses due to accident or injury to a maximum of \$100 provided that the injury is treated by a physician or dentist.
- An allowance of \$40 per day for each day you are hospitalized as an in-patient. Maximum coverage \$1,000. (This benefit is intended to help defray incidental costs such as parking, telephone calls, taxis, etc.)
- Return of your vehicle if you are unable to drive, to a maximum expense of \$4,000.
- Charges for commercial accommodation and meals for persons travelling to the bedside or travelling to identify a deceased family member to a combined maximum of \$200 per day to a maximum benefit payment of \$2,500.
- Additional cost of return economy airfare for an escort to accompany your children (up to 18 years of age) to their province of residence in the event you have been evacuated to Canada for medical reasons.
- Additional cost of returning your pet to your home city in Canada up to a maximum of \$500, in the event you are confined to hospital for at least 3 days outside your province of residence.
- Charges for emergency veterinary care due to unexpected injury of accompanying pet to a maximum of \$200 per pet.

## Exclusions & Limitations

The following are not eligible:

- Any trip in excess of 60 days that includes travel outside of Canada. In this case, no portion of the trip for the retiree or their dependents will be eligible for benefits. Individual Travel Health coverage should be obtained from the first day of travel. (This coverage cannot be extended by Blue Cross or another carrier. Any extension purchased to extend coverage beyond the 60-day limitation will invalidate all coverage for that trip under the Travel Health benefits.)
- Students travelling outside Canada for full-time educational purposes.
- Persons travelling outside their province of residence for the purpose of obtaining medical treatment.
- Persons travelling against medical advice.
- Charges associated with the required confinement due to childbirth and delivery, in the event that any portion of travel outside your province of residence falls after the 36th week of gestation.

## International Travel Assistance

How do you find good medical care when you are faced with an emergency in a foreign country? You may not speak the language, you may be incapacitated and you will most likely not know where to get professional care.

Through your Group Plan you now have assistance for all of these problems.

Our international travel assistance service offers 24-hour worldwide assistance to travellers in emergency medical situations. Insured travellers, physicians or hospitals should contact the international travel assistance provider immediately in the following medical situations:

- You are hospitalized or about to be hospitalized.
- You need assistance in locating the proper medical care nearest you.
- Insurance verification is required (this may be confirmed by the physician/hospital through our international travel assistance provider directly).
- You are involved in an accident requiring medical treatment.
- You have a medical problem and require translation service.
- Emergency evacuation is deemed medically necessary (arrangements will be made through our international travel assistance provider).
- Any serious medical problem arises.

Be prepared to give the name of the person covered, the group and contract number and a description of the problem.

## **International Travel Assistance Toll Free Telephone Numbers**

In Canada and United States, call toll free 1.866.601.2583.

In all other countries, or if you have any difficulties with the toll free number, call collect 0.204.775.2583.

The international travel assistance toll free telephone numbers are located on the back of your identification card for your convenience.

For general inquiries call Manitoba Blue Cross at 204.775.0151 or toll free (within Manitoba only) 1.800.USE.BLUE (1.800.873.2583), (outside Manitoba, but within Canada) 1.888.596.1032.

Contact our international travel assistance service immediately for benefits verification and procedures.

Neither Manitoba Blue Cross nor the international travel assistance provider shall be responsible for the availability, quality or results of any medical treatment or the failure of the covered person to obtain medical treatment.

## **Exclusions and Limitations**

Manitoba Blue Cross will not pay for the following:

- Any hospital room charges unless provided for under the Travel Health Plan.
- Any services or supplies received unless the person is covered by the government health plan in their home province.
- Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has coverage under a plan.
- Services or supplies not listed as covered expenses.
- Services related to the treatment of Temporo-Mandibular Joint dysfunction.
- Dental implants.
- Charges for completing claim forms or missed appointments.
- Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party.
- Charges for services provided prior to the effective date of coverage.
- Manitoba Blue Cross is not responsible for the availability or provision of any of the services or supplies described herein.
- Orthodontic services.
- Any single purchase of drugs or medicines in excess of a 100-day supply.
- Expenses for services and supplies, rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is a close relative of the patient.
- Services rendered by a practitioner whose qualifications do not meet the criteria established by Manitoba Blue Cross, and whose services have been deemed ineligible by Manitoba Blue Cross.

## Claiming for Benefits

Claim forms for the following benefits are available through your employer or on our website at:

[www.mb.bluecross.ca](http://www.mb.bluecross.ca)

Please retain your "Statement of Benefits" for income tax purposes as original medical receipts will not be returned.

**Note:** Claims for all benefits listed below more than 24 months after date(s) services are provided, are not eligible. Every action or proceeding against an insurer (i.e. the Company) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

### **Ambulance Benefit**

Ambulance services are provided by presenting your Manitoba Blue Cross identification card, no further action is necessary. If you are required to pay for these services, submit the itemized receipt for reimbursement.

### **Extended Health Benefits**

Claims for eligible expenses under your extended health benefits must be submitted with a completed extended health benefit claim form and include itemized receipts and required documentation i.e.: doctors prescription, referral, provincial plan statement.

### **Travel Health Benefits**

#### **For expenses incurred within Canada**

Present your original receipts or statements to your provincial health plan. Upon receipt of payment from the provincial health plan, submit a copy of your receipts and your provincial health plan statement of payment directly to Manitoba Blue Cross with a completed travel health claim form (available on Manitoba Blue Cross' website).

#### **For expenses incurred outside of Canada**

Submit all original itemized bills/receipts to Manitoba Blue Cross together with a signed travel health claim form and out-of-country medical and hospital services form (available on Manitoba Blue Cross' website). Payment will be coordinated with Manitoba Health.

Before mailing your claim, please ensure that you have:

- 1) identified yourself with your group and contract number (shown on your identification card)
- 2) signed the claim form.

Claims and Inquiries should be directed to:

Manitoba Blue Cross  
PO Box 1046 Stn Main  
Winnipeg MB R3C 2X7  
204.775.0151

1.800.873.2583 (within Manitoba)

1.888.596.1032 (outside Manitoba but within Canada)

## **Coordination of Benefits**

Coordination of benefits is available when both spouses in a family are regularly employed or are retired and have health plans provided by their places of employment.

Under the “Coordination of Benefits” provision, you are entitled to claim benefits from both plans, as long as the total benefits received do not exceed the actual expenses incurred.

If the services are provided to you, then Manitoba Blue Cross would be the “primary” carrier and would pay benefits first. The other insurer would then be responsible for any unpaid eligible expenses. If the services are provided to your spouse, then their insurer would be the “primary” carrier and would pay benefits first. Your spouse should submit the claim form to their insurer. After receiving payment, any unpaid eligible expenses can be submitted to Manitoba Blue Cross with a completed Manitoba Blue Cross claim form (including your contract number) and the statement of benefits paid or denied from the other insurer.

If the services are provided to a dependent child, the plan of the covered person with the earlier month and day of birth would be the “primary” carrier. The claim would then be processed according to the procedures listed above.

### **In single custody situations**

The plan that will pay benefits for your dependent children will be determined in the following order:

- The plan of the parent with custody of the child,
- The plan of the spouse of the parent with custody of the child,
- The plan of the parent without custody of the child,
- The plan of the spouse of the parent without custody of the child.

### **In joint custody situations**

The plan that will pay benefits for your dependent children will be determined in the following order:

- The plan of the parent with the earliest month and day of birth,
- The plan of the other parent,
- The plan of the spouse of the parent with the earliest month and day of birth,
- The plan of the spouse of the other parent.

### **Other scenarios**

- If you are covered by an employer and an individual policy, the individual plan may be considered second payer to coverage available under your group plan.
- If you are covered by a group and retiree plan, claims should be submitted to your group plan first as your retiree plan is considered second payer.

Claims should not be submitted to Manitoba Blue Cross when another company is the primary carrier and your dependent(s) is/are covered by another company. In cases where there is an unpaid balance on a claim paid by another company, Manitoba Blue Cross will process the remaining balance. Please remember to include a copy of the payment summary, or explanation of benefits issued by the other company with your claim so that the unpaid balance may be processed for reimbursement of up to 100% of the value of the claim.



## Access Your Plan in One Easy Step!

Register today for mybluecross® to access all of your plan information anytime, anywhere.

### Get Quick Access to:

#### My Claims:

- Submit a claim
- View claim history
- View payment history

#### My Coverage:

- Access coverage information
- Confirm claiming requirements
- Check benefit eligibility

#### My Account:

- Change your email password and security question
- Request a new ID card
- Update direct deposit information
- Update certificates

Plus, with mybluecross® you'll also gain exclusive access to My Good Health® (our online health resource) and Blue Advantage® (our national discount program).

### How to Register:

- Visit [www.mb.bluecross.ca](http://www.mb.bluecross.ca)
- Click on Register at the top right corner of any page
- Enter your ID Card information and verify your account

The protection of information is very important to us at Manitoba Blue Cross. You can be assured all your information is kept safe and confidential.

For more information, please call Manitoba Blue Cross at 204.775.0151 or toll free at 1.800.USE.BLUE (873.2583).

## Direct Deposit

Once you register for mybluecross® you can then apply for Direct Deposit and enjoy the convenience of having your claims payments deposited directly into your bank account.

Direct Deposit is a system of transferring money from one bank account directly to another without any paper money changing hands.

Direct Deposit is a safe and secure method of receiving claims payments.

Direct Deposit helps to eliminate lost or stolen cheques and prevents the possibility of cheques being sent to an incorrect address.

Once you have registered for Direct Deposit you will be notified by e-mail when your claim has been paid and reimbursement has been deposited. You will have access to online claims details and claims statements which are available for review and printing. You can also access and change your banking information anytime you need.

As with any web services offered, integrity and protection of information is of high importance to Manitoba Blue Cross. You can be assured all your information is kept safe and confidential.

## Changes in Status

### Reporting Changes

You must notify Manitoba Blue Cross within 90 days of change in your own or your dependents' status resulting from marriage, divorce, separation, termination of conjugal relationship, death, change of residence, birth or legal adoption.

The majority of status changes may be reported using the "Notice of Change" form available from Manitoba Blue Cross.

### Births

Your newborn children must be added to your plan as dependents, within 90 days from the date of birth.

### Divorce

In the event of divorce, your divorced spouse and/or dependent children may apply for continuation of coverage. For further information contact Manitoba Blue Cross.

### Termination of Coverage

Once notice of termination is received, your coverage will automatically be cancelled at the end of the month in which notification is received.

To continue with similar coverage on an individual basis, contact Manitoba Blue Cross for more details.

**Note:** In order to protect the viability of these plans, if you leave the health plan once enrolled, you will not be permitted to rejoin the plan at a later date.

## **Identification Card**

Soon after you enroll, you will receive an identification card. This card identifies you and your eligible dependents, and your coverage. Whenever you are claiming benefits from this Plan, be sure to quote your contract number in the space provided on the claim form.

If you have lost or misplaced your ID card, contact Manitoba Blue Cross and arrangements will be made to provide you with a new one or, log on to mybluecross® to print a temporary ID card. A message will automatically be sent to Blue Cross to issue you a new, permanent ID card. This new card will be sent to you within five business days.

## **Important: Please Read**

This booklet represents a synopsis of the benefits provided for under the Group Agreement. In the event of any difference between the terms of this synopsis and those of the Group Agreement, the terms of the Group Agreement shall prevail.

If you have any questions regarding the Group Agreement, please contact your employer directly.

Manitoba Blue Cross provides reimbursement of eligible expenses (either directly to you or to the service provider) in accordance with the Group Agreement, but cannot guarantee the availability or provision of services.

Also, in determining the basis for payment, Manitoba Blue Cross reserves the right to assess payment on the basis of the approved fee guide for the service in question, or the reasonable and customary charges as deemed appropriate by Manitoba Blue Cross.





PO BOX 1046 STN MAIN WINNIPEG MB R3C 2X7  
 TEL: 204.775.0151 FAX 204.774.1761

## RETIREE APPLICATION FOR GROUP HEALTH BENEFITS

**THIS SECTION TO BE COMPLETED BY RETIREE – SEND COMPLETED FORM TO MANITOBA BLUE CROSS**

LAST NAME		FIRST NAME			RETIREE DATE OF BIRTH:	DAY	MONTH	YEAR
ADDRESS- STREET/BOX NUMBER				CITY OR TOWN	PROVINCE	POSTAL CODE		
TELEPHONE NUMBER HOME:			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DO YOU HAVE A PROVINCIAL HEALTH NUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE OF RETIREMENT: _____								
ARE YOU A RETIRING <input type="checkbox"/> TEACHER <input type="checkbox"/> NON-TEACHER								
WERE YOU COVERED BY THE MANITOBA PUBLIC SCHOOL EMPLOYEES EXTENDED HEALTH BENEFITS PLAN IMMEDIATELY PRIOR TO RETIREMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES								
IF YES, PROVIDE YOUR MANITOBA BLUE CROSS CERTIFICATE NUMBER: _____								
IF NO, HAVE YOU HAD AT LEAST 5 CONTINUOUS YEARS OF SERVICE IN A SCHOOL DIVISION IMMEDIATELY PRIOR TO RETIREMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES								

**PLEASE COMPLETE THIS SECTION IF YOU HAVE ELIGIBLE DEPENDENTS**

<input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW	LAST NAME (IF DIFFERENT THAN RETIREE)	FIRST NAME	DATE OF BIRTH DAY MONTH YEAR			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>UNMARRIED DEPENDENT CHILDREN:</b>							
LAST NAME (IF DIFFERENT THAN RETIREE)		FIRST NAME	RELATIONSHIP	DATE OF BIRTH DAY MONTH YEAR			GENDER <input type="checkbox"/> M <input type="checkbox"/> F
							<input type="checkbox"/> M <input type="checkbox"/> F
							<input type="checkbox"/> M <input type="checkbox"/> F
<ul style="list-style-type: none"> <li>• RETIREES MUST ENROLL ACCORDING TO THEIR TRUE FAMILY STATUS WITHIN 90 DAYS OF RETIREMENT</li> <li>• ONCE ENROLLED, RETIREES MAY NOT OPT OUT EXCEPT IN THE EVENT OF DUPLICATE GROUP COVERAGE</li> </ul>							
DO YOU HAVE HEALTH COVERAGE THROUGH BLUE CROSS OR ANOTHER INSURANCE PLAN? <input type="checkbox"/> NO <input type="checkbox"/> YES – IF YES PLEASE INDICATE:							
NAMES OF INSURED			NAME OF INSURANCE COMPANY				POLICY NUMBER

**I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND I AGREE TO THE CONDITIONS OF THE GROUP AGREEMENT WITH MANITOBA BLUE CROSS. I ALSO AGREE TO THE AUTHORIZATION AND CONSENT ON THE REVERSE SIDE OF THIS FORM.**

RETIREE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BLUE CROSS USE ONLY**

NAME OF GROUP <b>RETIRED EMPLOYEES</b>						
GROUP NUMBER	COVERAGE EFFECTIVE			CONTRACT NUMBER		
	DAY	MONTH	YEAR			

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**CONTACT MANITOBA BLUE CROSS WITH ANY QUESTIONS. CONTACT INFORMATION IS ON THE BACK OF THIS BOOKLET.**

## AUTHORIZATION AND CONSENT

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Manitoba Blue Cross may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the Company's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross Plans, health care professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in my policy or the group policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross' privacy policies I can contact Blue Cross at 1.800.873.2583 or [www.mb.bluecross.ca](http://www.mb.bluecross.ca) should I have questions as to the collection, use or disclosure of my personal information.

I authorize Blue Cross to collect, use and disclose my personal information as described above.

### ENJOY THE BENEFITS OF THE MANITOBA BLUE CROSS PRE-AUTHORIZED DEBIT

#### PRE-AUTHORIZED DEBIT APPLICATION FORM

I/WE HEREBY AUTHORIZE

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Branch Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Transit Number

\_\_\_\_\_  
Bank Number

\_\_\_\_\_  
Account Number

**I/We hereby authorize Manitoba Blue Cross to perform a business Pre-Authorized Debit (PAD) on the designated date of every month for each billing period. The amount may vary. I/We will notify Manitoba Blue Cross in writing of any changes to my account information. I/We may revoke my authorization at any time, subject to providing notice of 30 days. For more information on my right to cancel a PAD agreement, I/We may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I/We have certain recourse rights if any debit does not comply with this agreement. To obtain more information on my recourse rights, I/We may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)**

This authorization may be cancelled at any time upon written notice by me/us. For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

***PLEASE ENCLOSE ONE OF YOUR CHEQUES MARKED "VOID" FOR VERIFICATION PURPOSES.***

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_  
  
\_\_\_\_\_



# CONTACT US!

## IN PERSON

Customer Service Centre  
599 Empress Street  
9:00 a.m. – 5:30 p.m.  
Monday through Friday

## BY TELEPHONE

204.775.0151 Information Service Centre  
8:00 a.m. – 5:30 p.m. Monday through Friday

Toll Free at 1.800.873.2583 (1.800.USE.BLUE)  
(within Manitoba only)

1.888.596.1032 (outside Manitoba but within Canada)  
8:00 a.m. – 5:30 p.m. Monday through Friday

## BY FAX

204.786.5965

## BY MAIL

Manitoba Blue Cross  
PO Box 1046 Stn Main  
Winnipeg MB R3C 2X7

## BY EMAIL

[info@mb.bluecross.ca](mailto:info@mb.bluecross.ca)

## VISIT OUR WEBSITE

[www.mb.bluecross.ca](http://www.mb.bluecross.ca)



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