



Date _____

Dear _____

**Re: Manitoba Blue Cross Coverage, while on a Leave of Absence
Certificate Number _____**

To continue your Manitoba Blue Cross coverage during your leave, please complete the Pre-Authorized Debit application below. Manitoba Blue Cross will automatically withdraw the monthly benefit premium from your bank account for the duration of your leave.

Please return the completed Pre-Authorized Debit application and your cheque marked "VOID" to Manitoba Blue Cross, Attention: Client Administration, before your leave of absence starts.

Please Note: Cancellation of your Blue Cross coverage will occur if we do not receive the completed Pre-Authorized Debit application prior to your leave.

PRE-AUTHORIZED DEBIT APPLICATION

Name: _____ Certificate Number: _____

Address: _____

Coverage applied for during leave of absence Health Dental (if applicable to your School Division)

Start Date of Leave of Absence: _____

Bank or Financial Institution: _____

Transit Number: _____ Institute Number: _____ Account Number: _____

I 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 will notify Manitoba Blue Cross in writing of any changes to my account information. I 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 may contact my financial institution or visit www.cdnpay.ca. **I have certain recourse rights if any debit does not comply with this agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.** Upon return to work, this authorization will be cancelled when the School Division resumes regular collection of my Health and/or Dental premiums and forwards them to Manitoba Blue Cross.

Please Note: For joint accounts – all depositors must sign this form if the joint account requires more than one signature on cheques issued against this account.

Signature: _____ Date: _____

Signature: _____ Date: _____

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