

Manitoba Public School Employees Dental & Extended Health Benefits Plan

Date _____

Re – Manitoba Blue Cross Coverage while on Leave of Absence

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. Deductions will be taken on the 1st of the month.

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		School Division
Coverage applied for during leave of absence <input type="checkbox"/> Health <input type="checkbox"/> 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 1st 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. 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 R3C2X7
Fax: 204.772.1231
Email: MBCgroupbenefits@mb.bluecross.ca