



EMAIL: mpse.retirees@mercer.com
 FAX: 204.943.8442
 PHONE: 204.947.0055

Manitoba Public School Employees Benefits Plan

Survivor Coverage Pre-Authorization Debit Form

Date _____
dd/mm/yyyy

Re – Manitoba Blue Cross Survivor Coverage

Our sympathies on your loss. To continue your Manitoba Blue Cross coverage during this 24-month survivor period, 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 the 24-month survivor period. Deductions will be taken on the 1st of the month.

Please return the completed Pre-Authorized Debit application and your cheque marked "VOID" to mpse.retirees@mercer.com (or FAX to 204.943.8442), within 90 days of your loss.

PRE-AUTHORIZED DEBIT APPLICATION

Member Name		Certificate Number	
Address		School Division	
Date of Death	Survivor Name		
Survivor Personal Email		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.

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 (dd/mm/yyyy)
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Signature	Date (dd/mm/yyyy)
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Manitoba Blue Cross
 PO Box 1046 Stn Main
 Winnipeg MB R3C 2X7
 Fax: 204.772.1231
 Email: MBCgroupbenefits@mb.bluecross.ca



AUTHORIZATION & 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 Manitoba Blue Cross may retain service providers inside and outside of Canada to assist them in their business and further understand that my personal information may be subject to disclosure to law enforcement and other authorities, where required by law, both inside and outside of Canada, when such information is in the possession of Manitoba Blue Cross or one of its authorized service providers.

I understand that I have provided my consent for Manitoba Blue Cross to collect, use and disclose my personal information as outlined in the Manitoba Blue Cross Privacy Code. 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 Manitoba Blue Cross's privacy policies or for questions as to the collection, use or disclosure of my personal information, I can contact Manitoba Blue Cross at 204.775.0151 or 1.800.873.2583 or mb.bluecross.ca.

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

MANITOBA PUBLIC SCHOOL EMPLOYEES AUTHORIZATION AND CONSENT

By providing my signature directly below this paragraph, I further consent to Mercer (Canada) Limited collecting and using my contact information including my email address for the purpose of providing me with periodic newsletters, updates and/or information integral to the group policy of which I am a member. I also consent to Mercer (Canada) Limited disclosing my information to the Manitoba Public Schools Employees Benefits Trust for the purpose of providing me with periodic newsletters, updates and/or information integral to the group policy of which I am a member.

SURVIVOR SIGNATURE _____

DATE _____

dd/mm/yyyy

Survivor Coverage Guidelines:

- Current Health coverage (and Dental coverage if applicable) can be continued for up to 24 months following the end of month from date of death
- Application for survivor coverage must be submitted within 90 calendar days from date of death
- Monthly premiums will be withdrawn on the 1st of each month
- Coverage will terminate at the end of the month from the date similar benefits are obtained elsewhere
- Coverage for surviving spouse will terminate at the end of the month from date of remarriage (dependent children can continue in accordance with the plan's eligibility limits, or until the end of the 24-month survivor period, whichever is earlier)
- Surviving dependents can cancel coverage anytime prior to 24 months
- For coverage and eligibility details, refer to your benefits booklet at www.mpsebp.ca