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MANITOBA PUBLIC SCHOOL EMPLOYEES

ONE-TIME OPPORTUNITY TO
 CANCEL AMBULANCE COVERAGE OR
 ADD HEALTH OR
 ADD HEALTH AND DENTAL COVERAGE

COMPLETION OF THIS FORM IS ONLY REQUIRED IF YOU ARE MAKING A CHANGE

SEND COMPLETED FORM TO mpse.retirees@mercero.com (or FAX to 204.943.8442) BY **NOVEMBER 30, 2021**

LATE APPLICATIONS WILL NOT BE ACCEPTED

Retiree Name

Certificate Number

Retiree Personal Email Address

THIS IS A ONE TIME OPPORTUNITY TO EITHER CANCEL AMBULANCE COVERAGE, ADD HEALTH, OR ADD HEALTH AND DENTAL EFFECTIVE JANUARY 1, 2022.

COVERAGE CAN NOT BE ADDED AT A LATER DATE.

ONCE ENROLLED, YOU WILL NOT BE ABLE TO OPT OUT OF ONE BENEFIT AT A LATER DATE WITHOUT TERMINATING ALL COVERAGE.

Check (✓) WHICH OPTION YOU ARE SELECTING CANCEL AMBULANCE COVERAGE ADD HEALTH ADD HEALTH AND DENTAL

I certify the above information is true and correct and agree to the conditions of the group agreement. I have read and understood the Authorization & Consent on the reverse side of this form and agree to the conditions of the group agreement between Manitoba Blue Cross and the Manitoba Public School Employees Benefits Trust.

RETIREE SIGNATURE _____

DATE _____

BLUE CROSS USE ONLY

GROUP NUMBER	ROLL	COVERAGE EFFECTIVE (DD/MM/YYYY)	CERTIFICATE NUMBER
7133	119		



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 †Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association. 2021-0813

MANITOBA BLUE CROSS 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 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.

RETIREE SIGNATURE _____

DATE _____