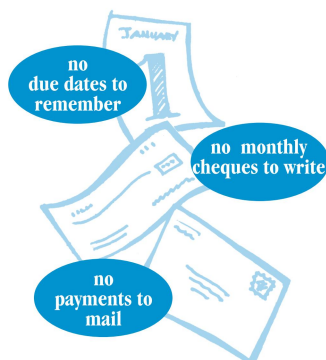


Enjoy the convenience of our Preauthorized Debit (PAD) Agreement

Alberta Blue Cross is pleased to offer you the convenience of a preauthorized debit plan.



- Enrol today and we will deduct your monthly payments, directly from your account, the **first working day** of every month.
- Complete this form to initiate your PAD Agreement or to make changes to your existing PAD Agreement. Forward or enclose a cheque marked “void” by the 20th of the month.

For more information, please contact Alberta Blue Cross, Group Administration, at 780-498-5925 (Edmonton) or toll free at 1-866-498-5925.

web site: www.ab.bluecross.ca

Preauthorized Debit Agreement

Part A: GROUP INFORMATION

Initial sign up Change to banking information* Termination*

DEBIT TYPE: Personal Business * DATE OF CHANGE OR TERMINATION (for existing PAD Agreements only) _____

GROUP NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE NUMBER _____ ALBERTA BLUE CROSS GROUP NO. _____ SECTION(S) _____

Part B: AGREEMENT

I authorize Alberta Blue Cross (ABC Benefits Corporation) to debit my financial institution for the amount identified as per the Total Amount Due on the monthly Statement of Account. I understand payment will be debited on the first business day of the month.

The PAD debit each month will be the Total Amount Due which is indicated on the monthly Statement of Account. I understand the amount may vary due to the current month's adjustments.

I may revoke my authorization at any time by advising Alberta Blue Cross with a completed PAD Agreement form or written notification

by either mail, fax, or e-mail by the 20th of the month. I may obtain further information on my right to cancel a PAD Agreement, at my financial institution or by visiting www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Authorization Signature(s)

I, the account holder(s), authorize Alberta Blue Cross to debit my account at the financial institution indicated on the enclosed cheque or according to the information provided. I agree to the terms and conditions established by Alberta Blue Cross (as above) until such time as written notice to the contrary is given by me to Alberta Blue Cross.

AUTHORIZED SIGNATURE(S)
As required by the financial institution

PRINT NAME

DATE SIGNED



**Mail or fax the completed form and a cheque marked “void” to:
Alberta Blue Cross, Group Administration,
10009 108 Street NW,
Edmonton AB T5J 3C5 Fax: 780-498-3540**