

REQUEST FOR DISCRETIONARY PAYMENT

SURNAME		FIRST NAME		AB BLUE CROSS ID NUMBER
ADDRESS				GROUP NUMBER 25000
CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER	

Health Spending Account Payment Options
Request for Discretionary Payments

- I would like to accumulate my credits until I request payment, for all eligible expenses against all eligible credits.

To receive payment on a discretionary account, you must fill out an Alberta Blue Cross *Health Spending Account Claim Form*. Payments will not be made unless you submit this form. Claim forms are available on Alberta Blue Cross' web site at www.ab.bluecross.ca.

Request for Automatic Processing

- I no longer want discretionary payments.

Note: Please ensure you complete the top portion of the form in full.

Signature of subscriber

Date

Please return your completed form to Alberta Blue Cross for processing:

Alberta Blue Cross
Major Accounts, 4th Floor
10009 – 108 Street NW
Edmonton, AB T5J 3C5