

BROKER OF RECORD CHANGE FORM

We hereby assign		
В	roker Name	Broker Number
to act on our behalf a	s our authorized Saskatchewan Blue Cro	oss Broker of Record.
	ge to the policyholder for this assignmen newal date by Saskatchewan Blue Cross	
Policyholder Name (p	orint)	
Policy Number		
Policyholder Signatur	re	Date
Broker Signature		Date

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