

Personal Health & Travel Plans Contact Information

Company Information

Brokerage/Broker Name _____ Broker Number _____

Address _____

Phone _____ Fax _____

Email _____

Primary Contact _____ Email _____

Representative's Contact Information

Include any other representative who should be listed as a contact and receive communication as it relates to Saskatchewan Blue Cross Personal Health & Travel Plans.

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Please complete for your Branch Office (if applicable)

Branch Office Name _____ Branch Number _____

Address _____

Phone _____ Fax _____

Email _____

Main Contact Name _____ Email _____

Representative's Contact Information

Include any other representative who should be listed as a contact and receive communication as it relates to Saskatchewan Blue Cross Personal Health & Travel Plans.

Name _____ Email _____

Name _____ Email _____

