

Mailing Address

 Pacific Blue Cross
 Attn: GCD Department
 PO Box 7000
 Vancouver BC V6B 4E1

Street Address

 4250 Canada Way
 Burnaby BC

The following stipulations will apply when submitting extra-contractual claims:

- Your company must have coverage with Pacific Blue Cross.
- The member must have active coverage with Pacific Blue Cross.
- Claims that are eligible under an Extended Health or Dental plan must first be submitted through the member's benefit plan.
- Eligible expenses must be incurred while the individual is enrolled with Pacific Blue Cross and must be eligible under Canada Revenue Agency's Income Tax Act, Part 1, Medical Expense Credit.
- All original paid receipts or explanation of benefits from PBC or any other carrier must be submitted with this form. Receipts will not be returned. Keep a copy of the receipts for your records.
- We must receive your claim by December 31st of the year following the calendar year in which the expense being claimed was incurred. If not, your claim will not be paid under any circumstances.
- A cheque totalling the claim, administration charge (10% of claimed amount) and GST (5% of the administration charge) must be submitted with this form. (If cost plus claims are submitted more than on a quarterly basis, a 15% administration charge may apply.) The maximum administration fee will be \$500 per claim.

There may be tax implications for benefits paid to an owner/principal shareholder and their dependants. We suggest that you contact Canada Revenue Agency for details.

AUTHORIZATION FOR PAYMENT OF EXTRA-CONTRACTUAL CLAIMS

Employee _____ ID number _____

Company name _____ Group number _____

The above named company hereby authorizes Pacific Blue Cross to arrange payment for the enclosed claim. The original receipts and/or explanation of benefits from a dental or extended health plan are attached. It is understood that Pacific Blue Cross will retain these receipts.

 Payment is to be forwarded to _____
 (Member/Provider)

Please find enclosed our cheque in the amount of \$ _____ which represents:

Claim(s)	\$ _____
_____ % Administration	\$ _____
5% GST (on Administration)	\$ _____
TOTAL	\$ _____

Authorized signature _____ Date _____

Name _____ Title _____

Pacific Blue Cross authorization _____