

Canada Post deliveries may be delayed, but your benefit services are still on the go

In light of the Canada Post service disruption, Manitoba Blue Cross wants to assure you that the resources you need are right at your fingertips.

You can submit claims online, check your coverage and the status of your claim, and receive claim payments directly into your bank account through your mybluecross[®] account, a customized online service that is free to all members. You can also manage your coverage on the go through mybluecross mobile.

To find out how to register for mybluecross and to learn about our mobile app, please see the following pages.

Below is some additional information to help make our services accessible to you during the Canada Post strike.

How to receive claim payments

Sign up for direct deposit

To receive claim payments faster, sign up for direct deposit and enjoy the convenience of having claim payments deposited directly into your bank account.

To sign up, log into your mybluecross account at mb.bluecross.ca and use the **Manage account** menu to sign up for direct deposit. (Instructions on how to access this menu are on the following page.)

You can also drop off the attached Direct Deposit Application with a void cheque at our Customer Service Centre at 599 Empress Street.

By Mail

If you are currently receiving claim payments through mail, they may be delayed until the strike has ended.

Plan members on short- or long-term disability claims should call their Case Manager or call 204.789.1717 or 1.800.873.2583, ext. 1717.

How to submit your claim

Online through your mybluecross account

Submit claims and manage your coverage through your mybluecross account.

On the go through mybluecross mobile

Submit select claims through our mobile app.

24-hour drop box

Drop off your claim using our secure 24-hour claim box outside our building at 599 Empress Street.

Walk-in Customer Service Centre

Bring your claim to our Customer Service Centre, located at 599 Empress Street.

Via Fax

Scan and fax your claim to 204.772.1231.

You can access your plan information from mybluecross, which is your customized online account. When you register for your free mybluecross account, you will gain quick access to the resources you need, when you need them 24 hours a day, seven days a week.

How to register

- 1 Visit **mb.bluecross.ca**
- 2 Click **mybluecross** in the blue box at the top right corner of the page
- 3 Select **Member login**
- 4 Select **Sign Up** on the Log In page
- 5 Choose **Member** on the mybluecross homepage and follow the instructions to create your account*

*You will need your certificate number and client number, which are found on your Manitoba Blue Cross ID card.

Where to find what you're looking for

Claims

Using the **Claims** menu on the sidebar, you can:

- submit claims
- access claim details
- check claim status
- look up past claims
- review claim payments
- see when a payment was transmitted or issued

Coverage

Using the **Coverage** menu on the sidebar, you can:

- check who you have listed on your plan
- confirm coverage details
- review claim requirements
- if applicable, view your Health Spending Account balance or determine the next eligible date for an eye exam

Documents

Using the **Documents** menu on the sidebar, you can:

- access Explanation of Benefits statements, claim documents, pre-authorization letters and more

Manage Account

Using the **Manage account** menu in the sidebar, accessed by clicking your email address on the top right side of the page, you can:

- sign up for direct deposit and receive claim payments directly into your bank account
- update your email or password
- request a new ID card and print a temporary one

You can also download our mybluecross companion app, through the App Store or Google Play, to submit select claims and view claim and payment history. To access a full range of account services, log in to your online [mybluecross](#) account.

DIRECT DEPOSIT APPLICATION


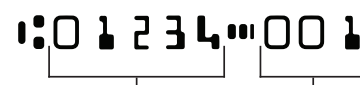
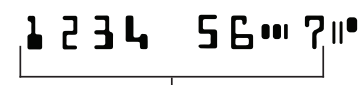
Type of Transaction <input type="checkbox"/> New Application <input type="checkbox"/> Change to Existing Information <input type="checkbox"/> Cancel Direct Deposit		
Applicant's Name		Birth Date (dd/mm/yyyy)
Certificate Number	Client Number	Employer's Name (if applicable)
Address (Street, City, Province, Postal Code)		
Email Address	Home Telephone Number (include area code)	Work Telephone Number (include area code)

Direct Deposit Authorization

By providing your banking information or an attached void cheque, you are authorizing that all claim payments, including life or disability benefits (if applicable), be deposited into the account indicated.

Name of Financial Institution _____

Branch Address (Street, City, Province, Postal Code) _____

Transit Number 5 digits	Institution Number 3 digits	Account Number max 12 digits
		
	Transit Number	Institution Number
		Account Number

I authorize Manitoba Blue Cross and/or Blue Cross Life Insurance Company of Canada (collectively referred to as "Blue Cross") to deposit all my claim payments directly to the account indicated above until such time these instructions are cancelled by me in writing and received by Manitoba Blue Cross.

I understand and agree that:

- these instructions are applicable to all claims and certificate numbers related to my client/plan number identified above
- it is my responsibility to ensure my financial information is current, and promptly submit changes to any existing information
- there may be circumstances that result in an overpayment of monies for which I will be required to repay
- I will repay Blue Cross within the advised time frame, following any notification of an amount owing or within a longer period if Blue Cross agrees in writing. If the amount owing is not repaid when due, Blue Cross may take all the necessary steps to recover the amount owing, including withholding the payment of, or recovering the amount owing from, any future benefits payable
- a photocopy, electronic copy or image of this Authorization and Declaration is as valid as the original
- I have read and understood the Authorization & Consent on the reverse side of this claim form
- my electronic signature on this application form is a valid form of signature

Signature _____ Date (dd/mm/yyyy) _____



AUTHORIZATION & CONSENT

I understand that the personal information and personal health information provided herein as well as any other personal information and personal health information currently held or collected in the future by Manitoba Blue Cross and/or Blue Cross Life Insurance Company of Canada (collectively referred to as "Blue Cross") may be collected, used, or disclosed to administer the terms of the policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the company's business.

Depending on the type of coverage I carry, limited personal information or personal health information may be collected from and/or released to a third party. These include other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in the policy of which I am an eligible member. I understand that Blue Cross may retain service providers inside and outside of Canada to assist them in their business and further understand that my personal information may be subject to disclosure to law enforcement and other authorities, where required by law, both inside and outside of Canada, when such information is in the possession of Blue Cross or one of its authorized service providers.

I understand that I have provided my consent for Blue Cross to collect, use and disclose my personal information as outlined in the Manitoba Blue Cross Privacy Code. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information and personal health information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Manitoba Blue Cross's privacy policies or for questions as to the collection, use, or disclosure of my information, I may contact Manitoba Blue Cross at 204.775.0151 or 1.800.873.2583 or mb.bluecross.ca.

I authorize Blue Cross to collect, use and disclose my personal information and personal health information as described above.

A photostatic copy of this authorization shall be as valid as the original.