

ATTN: FINANCE DEPARTMENT

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 419-2884

 Did you know you can go to www.pac.bluecross.ca/caresnet and download up to 24 months of claims history for **FREE**?**PART 1 — MEMBER INFORMATION**

First name		Last name			Middle initial
Policy number	ID number	Daytime phone number (10 digits)			
Street address		City	Province	Postal code	New address? <input type="checkbox"/> Yes

PART 2 — CLAIMS HISTORY REQUEST INFORMATIONI am requesting claims history for: Medical Dental — from (mm-dd-yyyy): _____ to (mm-dd-yyyy): _____ **My request is for less than 5 years claims history:**

- I have included a cheque for \$52.50 (includes GST)
- Please charge my credit card \$52.50 (includes GST) using the information in *Part 4 — Credit Card Information*

 My request is for more than 5 years claims history:

- I have included a cheque for \$105.00 (includes GST)
- Please charge my credit card \$105.00 (includes GST) using the information in *Part 4 — Credit Card Information*

PART 3 — MEMBER CONSENT AND DECLARATION

I certify the information contained on this request form is complete and true to the best of my knowledge. I certify I am the cardholder on this plan. I understand the personal information on this form will be kept confidential and secure by Pacific Blue Cross. I have read and understand this Member Consent and Declaration.

Member's signature X	Date (mm-dd-yyyy)
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GST Registration No. 877921833

PART 4 — CREDIT CARD INFORMATIONPlease charge my credit card: \$52.50 (less than 5 years) or \$105.00 (more than 5 years)

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Name on credit card		
Credit card number	Expiry date (mm-yy)	Signature X	