



## 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 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 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that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded.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 Blue Cross's privacy policies as to the collection, use, or disclosure of my information, I may contact Blue Cross at 204.775.0151 or 1.888.596.1032 or [mb.bluecross.ca](http://mb.bluecross.ca).

I understand Studentcare will collect, use, and disclose my personal information for the purpose of managing eligibility for coverage under the Manitoba International Student Health Plan. To learn more about their privacy policies, I may contact Studentcare at [privacy@studentcare.net](mailto:privacy@studentcare.net).

## HOW TO SUBMIT YOUR CLAIM

**Email:** [info@mb.bluecross.ca](mailto:info@mb.bluecross.ca)

**In Person/  
Dropbox:** 599 Empress Street  
Winnipeg, MB

**Mail:** PO Box 1046 Stn Main  
Winnipeg MB R3C 2X7

**Fax:** 204.788.5599

**Inquiries?** Email through Contact Us at [mb.bluecross.ca](http://mb.bluecross.ca) or phone 204.788.6800 or 1.888.596.1032 (toll free)