



SURNAME	FIRST NAME	IDENTIFICATION NUMBER
ADDRESS		GROUP NUMBER
CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER (780)		

**Request for Discretionary Payments**

I would like to accumulate my credits until I request payment, for all eligible expenses against all eligible credits.

To receive payment on a discretionary account, you must fill out an Alberta Blue Cross *Health Spending Account Claim Form*. Payments will not be made unless you submit this form. Claim forms are available on Alberta Blue Cross' web site at [www.ab.bluecross.ca](http://www.ab.bluecross.ca).

**Request for Automatic Processing**

I no longer want discretionary payments.

\_\_\_\_\_  
Signature of subscriber

\_\_\_\_\_  
Date

**Please fax to  
Covenant Health at (780) 342-8258**