



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.

Request for Automatic Processing

I no longer want discretionary payments.

Signature of subscriber

Date

**Please return completed signed form to your
Covenant Health Benefits Department**