


NOTE: When printing, please use the highest quality setting available on your printing device.


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CUT ALONG DOTTED LINE

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Bow Valley College Students' Association




Care Card

PHARMACIST: Please access the ASSURE system and enter the following information: 11 330760 Student ID number 0 _____ 01


DENTAL OFFICE: Please use the following information:
Great-West Life group number 330760, Student ID number _____

Student's Signature _____


Please enter your applicable student ID number in the space provided on the front of this card. If student ID number is not 9 digits please pre-fill with zeros.



THE
Great-West Life
ASSURANCE COMPANY



Assure[™]



GALLIVAN
ASSOCIATES

www.gallivan.ca/studentnetworks/members/bowvalley

Bow Valley College Students' Association Office

332 - 6th Avenue SE
Room 249
Calgary, AB T2G 4S6
(403) 220-8157

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USING THE CARE CARD:

- This card does not require a colour printer
- Carry your **Care Card** with you at all times.
- **New Eligible Students:** A reminder that this card will not work until the enrolment process has been completed. Please contact your **BVCSA Office** for details.
- Please contact the **BVCSA Office** to verify your **applicable** student ID number.
- Contact your **BVCSA Office** to confirm your eligibility for coverage. **Downloading of this card does not confirm eligibility or benefits coverage.**
- Your **Care Card** is used for pay direct prescription drug transactions and/or pay direct transactions at your dental office only. All other claims require completed claim forms and original receipts to be sent directly to your insurance company. Claim forms are available at your **BVCSA Office**.
- If you experience any problems using your **Care Card** please ask your Pharmacist or Dental Office to contact your **BVCSA Office** immediately for assistance.