



PROVINCE OF MANITOBA
APPLICATION FOR PRE-PAYMENT OF GROUP HEALTH PLANS

I understand that I have the option to pre-pay subscriptions for the continuation of my Manitoba Blue Cross benefits for a maximum of up to two years while I am on leave.

I understand that:

- The completion of this application form is required within 30 days of the date my unpaid leave commences to continue my employee paid health benefit subscription.
There will be no further opportunity to apply for benefits during my leave and coverage will be reinstated or made active based on my work frequency status on the date I return to work.
If I choose to pre-pay benefits, I must continue pre-paying for the duration of my leave and will be held responsible for any unpaid premiums in arrears.

Employee's Name _____

Contract Number _____

Employee Number _____

Present Coverage [] Ambulance/Hospital [] Extended Health [] Employee Travel Health

[] I wish to pre-pay my Manitoba Blue Cross subscriptions while I am on leave.

Note: If you choose to continue benefits during your leave, FULL PAYMENT MUST ACCOMPANY THIS APPLICATION.

[] I DO NOT wish to pre-pay my Manitoba Blue Cross subscriptions while I am on leave and understand that I WILL BE WITHOUT COVERAGE DURING MY LEAVE.

TO BE COMPLETED BY PAY AND BENEFITS CONSULTANT

Period of unpaid leave From: _____ To: _____

Date of last deduction _____

Payment Required _____

Please send a cheque or money order, along with a copy of this form payable to: Minister of Finance

Date

Employee's Signature

Pay and Benefits Consultant's Signature