



**TAKE NOTICE** that pursuant to the provisions of *The Health Services Insurance Act* and its regulations, I hereby provide notice of my appeal to the Manitoba Health Appeal Board against the above-noted review decision of Manitoba Health on the following grounds (reasons for appeal):

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(Use back of page or attach new page if more writing space is required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appellant's signature\*

**\*PLEASE TAKE NOTICE:**

**If this form is not signed by the Appellant (the person who the appeal is about), the person signing on behalf of the appellant must provide a copy of their authority to do so (for example, an order of committee ship, a grant of power-of-attorney that sets out sufficient authority for the person to act in these circumstances or a representative authorization form).**

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**REQUEST FOR EXTENSION OF TIME TO FILE APPEAL**

Pursuant to Section 10(2) of *The Health Services Insurance Act*, an appeal must be commenced by mailing or delivering a notice of appeal to the Manitoba Health Appeal Board not more than 30 days after the date the client and/or his/her representative received notice of the Disposition of the Review that was conducted by Manitoba Health, or within such further time as the Board permits. If this 30-day notice requirement was not met on this appeal, in order for the Board to determine whether it will permit an extension of the filing time, you must provide a detailed written explanation for the late-filed appeal request. Use the following space or attach a separate page if required:

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