



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. In the case of consecutive leave periods the total combined pre-payment period cannot exceed two years.

I understand that:

- Failure to complete this application **within 30 days of the date my leave commences** will result in automatic cancellation of benefits during my leave.
- There will be no further opportunity to apply for benefits during my leave however coverage will be reinstated the date I return to work. (Except in the case of a consecutive leave period for a different reason where I declined to pre-pay for my initial leave period).
- If I choose to pre-pay benefits I must continue pre-paying for the duration of my leave. In the case of consecutive leave periods my pre-payment will automatically continue unless I provide written notification otherwise to payroll.

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 GROUP ADMINISTRATOR

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

Group Administrator's Signature