

The Manitoba Blue Cross Benefit Plans listed below are optional at the time of employment and can be waived. If an application for these benefits does not occur within 30 days of your employment, you may register at a later date subject to the applicable waiting period commencing from the date of application.

Extended Health Benefits (EHB) Plan:

- If you enroll in the EHB Plan at the time of employment you must also enroll in the Ambulance and Hospital (AHSP) Plan
- If you waive EHB Plan coverage at the time of employment you may register at a later date with a six month waiting period commencing from the date of your application

Ambulance and Hospital (AHSP) Plan:

- Enrollment in the AHSP Plan is mandatory if enrolling in the Extended health Benefits (EHB) Plan
- At the conclusion of the eligibility waiting periods listed below, benefit premiums for the AHSP Plan become employer paid and coverage is mandatory:
 - Regular Full Time Employees: upon completion of six (6) months of continuous service from date of employment.
 - Regular Part Time Employees: upon completion of 12 months of equivalent service from date of employment.
 - Term employees: upon completion of 12 continuous months of service from date of employment.
 - Part-time employees are required to pay the difference between single and family premiums for family coverage.
 - You may register in a voluntary AHSP Plan during the eligibility waiting periods listed above, subject to the benefit premiums being employee paid until you become eligible for the employee paid AHSP Plan.

Travel Health Plan:

- If you waive Travel Health Plan coverage at the time of employment you may register at a later date with a six month waiting period commencing from the date of your application

I acknowledge that I have read the information above and confirm that **I do not want coverage** for the following Manitoba Blue Cross Benefits Plans at this time:

- Extended Health Benefits (EHB) Plan
- Ambulance and Hospital (AHSP) Plan
- Travel Health Plan

Employee Name (Please Print)

Employee Number

Employee's Signature

Date (dd/mm/yyyy)

Pay and Benefits Consultant's Signature

Date (dd/mm/yyyy)