

## PROVINCE OF MANITOBA

### APPLICATION FOR PRE-PAYMENT OF VOLUNTARY GROUP HEALTH PLANS

I understand that I have the option to pre-pay premiums 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 unless in receipt of LTD or WCB wage loss benefits and employment is maintained.

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 benefits.
- 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 \_\_\_\_\_

Certificate Number \_\_\_\_\_

Employee Number \_\_\_\_\_

Current Benefit Coverage  Ambulance/Hospital  Extended Health  Travel

I wish to pre-pay my Manitoba Blue Cross premiums 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 premiums 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 Signature

\_\_\_\_\_  
Pay and Benefits Consultant's Signature