

APPLICATION FOR PRE-PAYMENT OF VOLUNTARY GROUP HEALTH PLANS
(Ambulance/Hospital, Extended Health & Travel Health)

Employee Name _____

Manitoba Blue Cross
Certificate Number _____

Employee Number _____ Date of Leave _____

Select Current Benefit Coverage ☐ Ambulance/Hospital ☐ Extended Health ☐ Travel Health☐ I ELECT to pre-pay my Manitoba Blue Cross premiums while I am on leave.

Select the plans you wish to continue while on leave :

☐ Travel Health ☐ Ambulance/Hospital and Extended Health* (*Both plans must be continued together)

I understand that I have the option to pre-pay premiums for the continuation of my voluntary Manitoba Blue Cross benefits (Ambulance/Hospital, Extended Health and Travel Health) 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.

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

☐ I DO NOT ELECT to pre-pay my Manitoba Blue Cross premiums while I am on leave and understand that **I WILL BE WITHOUT COVERAGE DURING MY LEAVE.**

I further understand that:

- There is no option to pre-pay and **no coverage for any employer paid benefits** i.e. Dental, Vision, Prescription Drugs and Health Spending Account.
- The completion of this application form is required **within 30 days of the date my unpaid leave commences** to continue my employee paid voluntary health benefits.
- If I do not complete this pre-payment form within the 30 days, my voluntary benefits will end and there will be no further opportunity to apply for benefits during my leave. 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 voluntary benefits, I must continue pre-paying for the duration of my leave (up to a maximum of two years) and will be held responsible for any unpaid premiums in arrears.
- If I choose to pre-pay voluntary benefits during my leave, **FULL PAYMENT MUST ACCOMPANY THIS APPLICATION.** This can be cheque(s) or money order (payable to: Minister of Finance) OR payroll deductions if still on payroll.

☐ Please check to acknowledge you understand these conditions_____
Date_____
Employee Signature