WITH THIS NOTICE OF APPEAL:

102 – 500 Portage Avenue, Winnipeg MB R3C 3X1 T (204) 945-5408 **Toll Free** 1-866-744-3257 **F** (204) 948-2024

Website www.manitoba.ca/health/appealboard

## NOTICE OF APPEAL (FOR INSURED BENEFITS DECISIONS)

APPELLANT'S IDENTIFYING INFORMATION:		
Name: Given Name	Date of	Birth:
		<del> </del>
Address:	Email:	Postal Code
Home/Cell/Work/Fax  Preferred pronoun/s (optional):		
Personal Health Information Number (PHIN):(9 digit number)		
APPELLANT'S REPRESENTATION ON APPEAL:		
I will be representing myself on this appeal.		
I will be represented by legal counsel:		
Name Address		Postal Code
I will be represented by another individual*:	Name and relationship to	appellant
# and Street Address City Postal Code	Telephone #	Email
*Note: Please see information set out at botto representative.	om of page 2	regarding an appellant's
ISSUE(S) UNDER APPEAL		
<b>TAKE NOTICE</b> that pursuant to the provisions of regulations, I hereby provide Notice of my Apperegarding the following decision made by Manito	al to the Manit	oba Health Appeal Board
Registration Out of Province Benefits  Decision I am appealing:		

PLEASE PROVIDE A COPY OF THE WRITTEN DECISION FROM MANITOBA HEALTH TOGETHER

MY GROUNDS (REASONS) FOR APPEAL ARE:		
(Use back of page or attach new page if more writing spa	ace is required)	
Date	Appellant's signature*	
REQUEST FOR EXTENSION OF TIME TO FIL	<u>E APPEAL</u>	
commenced by mailing or delivering a notice of not more than 30 days after the date the appealed, or within such further time as the B was not met on this appeal, in order for the	Services Insurance Act, an appeal must be of appeal to the Manitoba Health Appeal Board ppellant receives notice of the decision being soard permits. If this 30-day notice requirement Board to determine whether it will permit an a detailed written explanation for the late-filed ch a separate page if required:	

## \*PLEASE TAKE NOTICE:

If this form is not signed by the Appellant (the person who the appeal is about) OR in the case of a minor child, the parent or legal guardian), the person signing on behalf of the appellant must provide a copy of their authority to do so [for example, an order of committeeship or substitute decision-maker, a grant of power-of-attorney that sets out sufficient authority for the person to act in these circumstances or a representative authorization form, which is available at the Board's office or on its website (see contact information at top of page one).