

## Declaration of Alternative Health Coverage

<b>Section I: Personal Information</b> (please print)	Name (please print): _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>First Name</span> <span>Middle Name</span> <span>Last Name</span> </div> Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>Street Address</span> <span>City, Province</span> <span>Postal Code</span> </div> Date of Birth: _____ <div style="text-align: center; margin-left: 10%;">(MM/DD/YYYY)</div> Institution Attending: _____
<b>Section II: Confirmation of Alternative Coverage</b>	<p>I am declining coverage under Great-West Life Policy No. 42074, otherwise known as the Manitoba International Students' Health Insurance Plan (MISHIP). I am eligible to waive this coverage because I currently have health coverage as follows (please check applicable box):</p> <p style="margin-left: 20px;">I am sponsored by the Canadian International Development Agency (CIDA) and health insurance coverage is included in the agency's support. (Complete Declaration A below)</p> <p style="margin-left: 20px;">I have a scholarship which provides health insurance coverage. (Complete Declaration A below)</p> <p style="margin-left: 20px;">I have coverage under the Manitoba Health Services Commission (MHSC). (Complete Declaration B below)</p> <p style="margin-left: 20px;">I have coverage under another Canadian provincial health plan. (Complete Declaration B below)</p>
<b>Section III: Declination of Coverage</b>	<p><b>Declaration A</b></p> <ul style="list-style-type: none"> <li>I am electing to decline coverage under MISHIP because I have alternative coverage as specified above.</li> <li>I have attached written documentation confirming my alternative Health coverage.</li> <li>I understand that while I have been given the opportunity to opt out of the plan, I am not required to opt out. I have been offered the opportunity to join MISHIP but I have declined coverage.</li> <li>I understand that the policyholders of MISHIP are in no way responsible for the adequacy or inadequacy of my alternative health coverage. Neither the institution I am attending, nor the insurer of the plan, nor the administrator of the plan will make a determination on the adequacy of my alternative health coverage nor on how it compares to MISHIP.</li> </ul> <p>Signature _____ Date _____</p> <hr/> <p><b>Declaration B</b></p> <ul style="list-style-type: none"> <li>I am ineligible for coverage under MISHIP because I have coverage under Manitoba Health or another Canadian provincial Health plan.</li> <li>If my Manitoba Health or other Canadian provincial health coverage was obtained through a Work Permit, my provincial health coverage will no longer be valid if I violate the requirements to maintain the Work Permit, or the Work Permit expires, or is revoked. I understand that if my Manitoba Health or other provincial health coverage terminates while I am still enrolled at a participating institution of learning I must re-enroll in MISHIP.</li> <li>I have attached written confirmation of my Manitoba Health or other provincial health coverage.</li> <li>I understand that the policyholders of MISHIP are in no way responsible for the adequacy or inadequacy of my alternative health coverage. Neither the institution I am attending, nor the insurer of the plan, nor the administrator of the plan will make a determination on the adequacy of my alternative health coverage nor on how it compares to MISHIP.</li> </ul> <p>Signature _____ Date _____</p>