

Declaration of Alternative Health Coverage

Section I: Personal Information (please print)	Name(please print): _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> First Name Middle Name Last Name </div> Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Street Address City, Province Postal Code </div> Date of Birth: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Month Day Year </div> Institution Attending: _____
Section II: Confirmation of Alternative Coverage	<p>I am declining coverage under the Manitoba International Students Health Plan (Great-West Life policy number 42074). I am eligible to waive this coverage because I currently have health coverage as follows (please check applicable box):</p> <p style="padding-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="padding-left: 20px;">I have a scholarship which provides health insurance coverage. (Complete Declaration A below)</p> <p style="padding-left: 20px;">I have coverage under the Manitoba Health Services commission (MHSC) (Complete Declaration B below)</p> <p style="padding-left: 20px;">I have coverage under another Canadian provincial health plan. (Complete Declaration B below)</p>
Section III: Declination of Coverage	<p>Declaration A</p> <ul style="list-style-type: none"> I am electing to decline coverage under the Manitoba International Student's Health plan because I have alternative coverage as specified above. I have attached written documentation confirming my alternative Health coverage. 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 the Manitoba International Students Health Plan but I have declined coverage. I understand that the policyholders of the Manitoba International Student's Health Plan 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 the Manitoba International Student's Health Plan. <p>Signature _____ Date _____</p> <hr/> <p>Declaration B</p> <ul style="list-style-type: none"> I am ineligible for coverage under the Manitoba International Students Health Plan because I have coverage under Manitoba Health or under another provincial Health plan. I have attached written confirmation of my Manitoba Health or other provincial health coverage. I understand that the policyholders of the Manitoba International Student's Health Plan 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 the Manitoba International Student's Health Plan. <p>Signature _____ Date _____</p>