



Employee's Declaration:

Do you currently have medical coverage (MSP) through a Spouse or other Employer?

<input type="radio"/> Yes	Proceed to sign and date below as you are waiving coverage Do not complete the "Application For Medical Group Enrolment" form
<input type="radio"/> No	Proceed to sign and date below as you are requesting coverage; AND Complete the "Application for Medical Group Enrolment" form

If at any time the alternate coverage is or will be discontinued, I will contact EmployeeRBSupport@hssbc.ca immediately to apply for benefit coverage under the Health Authority's plan (in accordance with the Collective Agreements)

Please note there is no advantage of having dual medical coverage (MSP). Employer paid MSP premiums are a taxable benefit to the employee.

Name (please print) _____

Signature _____ Date _____