



## APPLICATION FOR EXTENSION OF BLUE CROSS OUT OF PROVINCE EMERGENCY MEDICAL COVERAGE

This form is to be used only for Faculty for Research leaves or University Business that would require them to be out of the province or country for more than 120 days

Type of Leave:    Research Leave      
                           University Business

<b>Name</b>	<b>Department</b>	<b>ID Number</b>	<b>Extension</b>
<b>Period of Leave</b>			
From _____ TO _____			
MM/DD/YY		MM/DD/YY	
<b>Period that you will be out of the province/country</b>			
From _____ TO _____			
MM/DD/YY		MM/DD/YY	

If your family is accompanying you, please indicate below only those family members, which you have positively enrolled in the Extended Health Care Program and are eligible for this coverage:

**DEPENDENTS:**

Name	Relationship (spouse, child)	Period of time they will be out of the province)	
		From	To
		From	To
		From	To
		From	To
		From	To

You **MUST** also contact the OHIP Office at (905)521-7100 to ensure coverage is continuing or to apply for an extension of your OHIP coverage while out of the province. Coverage under the Blue Cross Out of Province Emergency Program requires OHIP eligibility. If OHIP advises you will not be covered, alternative arrangements must be made. Please contact Human Resources to discuss your options.

Have you contacted OHIP and been advised that coverage continues:    YES     NO

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**A \$50.00 CHEQUE PAYABLE TO MCMASTER UNIVERSITY SHOULD ACCOMPANY THIS FORM. PLEASE RETURN TO HUMAN RESOURCES SERVICES, CSB ROOM 202**

**Human Resources Verification:**

\_\_\_\_\_  
Human Resources Signature

Payroll Deduction Set Up:    YES     NO   
   Or  
 Cheque Received:                YES     NO

DATE STAMP

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