



Name: _____

McGill ID #: _____

Tel. Number: _____

Email: _____

I, the undersigned, wish to opt out of the McGill University – Supplemental Health Plan (“Plan”) effective _____ (subject to payroll processing deadlines).

I understand that, according to Quebec legislation¹, participation in a private plan that provides at least drug coverage is mandatory if under age 65. If I want to opt-out of the McGill Health Plan I must provide written proof of alternative health coverage (eg. through my spouse or through membership in a professional order or association).

I confirm that I am currently covered for benefits, equal to at least those of the public drug insurance plan, under:

- My spouse’s group health insurance plan, or
- My association or professional order

and have included written proof of alternate health coverage with this form.

Insurance company _____ policy No. _____

I acknowledge that (i) I must rejoin if I lose coverage under another health plan and will advise McGill University immediately if I am no longer covered by this insurance plan and will provide all necessary documentation as required and (ii) all information provided on this form is accurate and complete.

I further acknowledge that before electing to opt out, I have had sufficient time to review the terms and conditions of the Supplemental Health Plan.

Signature _____ Date _____

Send this form to the HR Service Centre – by fax to 514-398-8287 or by scan/email to: hrhr@mcgill.ca.
You can also mail it to the HR Service Centre at 688 Sherbrooke St. W., 15th Floor, Suite 1520, Montréal, Qc. H3A 3R1

¹ In accordance with article 44.1 of the *Loi sur l’assurance médicaments*, L.R.Q., c. A-20.01

For HR Use Only:

Proof required to opt-out	Received: yes ___ no ___ If no, send written follow-up to member	Initial	Date
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