



60-DAY OFFER FORM

60

Complete Coverage Eligibility Statement

Please note that in order to be eligible for the GUARANTEED Complete level of coverage, you must be an employee or retiree of an endorsing Canadian hospital.

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|---|--|
| New part-time and casual hires | Full-time retiring from the hospital |
| Full-time transferring to part-time or casual | Full-time permanently laid-off from hospital |
| Full-time transferring to temporary or contract | Losing hospital benefits at age 65 |

You have 60 days from the first of the occurrences listed above to apply for the GUARANTEED Complete level of coverage for you, your spouse and eligible dependants. To confirm your eligibility for this 60-day offer under the Health Care Providers Group Insurance Plan™, you must submit with your application:

A copy of your hospital offer letter or other official documentation outlining your employment status, retirement, or layoff and the start date of the occurrence.

- OR -

This 60-day offer form completed, signed and dated by an authorized human resources professional at your hospital of employment.

To Be Completed By Human Resources Personnel Only

Employee Name: _____ Hospital: _____
(First Name/Last Name) (Hospital Network/Site Name)

New Employee: Part-Time Casual Temporary Contract

Start Date: _____
(MM/DD/YYYY)

Full-Time Transfer To: Part-Time Casual Temporary Contract

Transfer Date: _____
(MM/DD/YYYY)

Full-Time Employee: Retiring Permanently Laid Off Losing Benefits @ Age 65

Occurance Date: _____
(MM/DD/YYYY)

(HR Initials) By initialing, I certify that the above listed employee is losing their benefits after having been actively employed immediately prior to the occurrence dated above.

By signing and dating this 60-day offer form, I certify that the information detailed on this form regarding both the employee and corresponding information regarding their employment/benefits status with our organization is correct.

Authorized HR Staff Name: _____
(Please Print)

Authorized HR Staff Signature: _____
(Please Sign)