

APPLICATION FOR OUT-OF-PROVINCE COVERAGE CERTIFICATE

Please Print

STUDENTS applying for Out-of-Province coverage must provide proof of full-time enrolment from the educational institution.

TEMPORARY ABSENT WORKERS applying for Out-of-Province coverage must provide proof of assignment outside the province on official company or business letterhead.

PERSON(S) FOR WHOM COVERAGE IS REQUESTED

Surname	All Given Names	MCP Registration Number	Birth Date (YY/MM/DD)

NEWFOUNDLAND MAILING ADDRESS

Street/P.O. Box		City/Town	
Province	Postal Code	Telephone Number (Home)	Telephone Number (Work)

ADDRESS WHILE OUTSIDE NEWFOUNDLAND

Street/P.O. Box		City/Town	
Province/State	Country	Postal Code/Zip Code	Telephone Number (Work)
		Telephone Number (Home)	

DETAILS OF ABSENCE FROM NEWFOUNDLAND

Date of Departure From Newfoundland & Labrador	Date of Expected Return to Newfoundland & Labrador
Reason for Absence From Newfoundland & Labrador	

DECLARATION (It is an offense to give false information for the purpose of obtaining coverage under the Newfoundland & Labrador Medical Care Plan)

I hereby declare that the information given is correct and the person(s) listed on this form are residents of Newfoundland & Labrador.	
Signature	Date