



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 C | Code/Zip Code | Telephone Number (Home) | Telephone Number (Work) |

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

Medical Care Plan 22 High Street, P.O. Box 5000 Grand Falls-Windsor, NL, Canada, A2A 2Y4 Telephone: (709)292-4000 Facsimile: (709)292-4052 Medical Care Plan Belvedere Building, 57 Margaret's Place, P.O. Box 8700 St. John's, NL, Canada, A1B 4J6 Telephone: (709)758-1600 Facsimile: (709)758-1694

Date

Toll Free: 1-800-563-1557 www.gov.nl.ca/mcp