

## APPLICATION FOR EXTENSION OF SUN LIFE FINANCIAL OUT-OF-COUNTRY EMERGENCY MEDICAL COVERAGE

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

	search Leave versity Business			
Name	Department		ID Number	Extension
Period of Leave	I			
FromMM/DD/YY	то	MM/DD/YY		
Period that you will be out of the		WWW/DD/YY		
	,			
From	TO			
MM/DD/YY	MM/DD/YY			
	ring you, please indicate below alth Care Program and are eligib  Relationship (spouse, child)	le for this cover		
		From	т	
		From		·o
		From		·o
		From		-o
		From		·o
extension of your OHIP cov Emergency Medical plan red must be made. Please contact	vice Ontario at 1-800-267-8097 terage while out of the province puires OHIP eligibility. If OHIP a ct Human Resources to discuss to Ontario and confirmed that OI	e. Coverage und dvises you will your options.	der the Sun Life F not be covered, a	Financial Out-of-Country Ilternative arrangements
Employee Signature		Date		
A \$50.00 cheque payable to McN Room 304.	laster University should accompany	this form. Pleas	e return to Human Ro	esources in Gilmour Hall,
Human Resources Verification	on:			Date Stamp
Human Resources Signature				
	ate:			

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