



ONE TIME 60 DAY OFFER

To receive Guaranteed COMPLETE coverage

www.healthcareproviders.ca

This offer is for:

- ~New Part Time & Casual hires
- ~Full Time transferring to Part Time or Casual
- ~Full Time retiring from the hospital
- ~Full Time permanently laid off from hospital
- ~Full Time losing Hospital Benefits @ age 65

**YOUR PERSONAL INCOME
CANNOT BE PROTECTED UNDER
YOUR SPOUSE'S PLAN!
YOU MUST HAVE YOUR OWN
DISABILITY INSURANCE
(available under this plan)**

You have **60 days** from the first of the above occurrences, on or after the initial implementation date of the plan into the hospital to apply for **GUARANTEED** coverage at the **COMPLETE** level for you, your spouse and your eligible dependents

To confirm your eligibility for this 60 day offer of guaranteed COMPLETE coverage under the HCP Group Insurance Plan, you must submit with your application either:

- A) copy of your hospital offer letter or other official document outlining your offer of employment, retirement, or layoff, and in particular indicating your start date of the occurrence at or from the hospital. **OR**
- B) this form completed by an authorized Human Resources professional at your hospital

To be completed by Human Resource personnel only:

NEW PART TIME OR CASUAL HIRE FULL TIME TRANSFER TO PART TIME OR CASUAL

I certify that _____ started working Part Time or Casual
first name , last name

for _____ on _____
hospital name dd/mm/yyyy

FULL TIME EMPLOYEE

RETIRING PERMANENTLY LAID OFF LOSING HOSPITAL BENEFITS AT AGE 65

I certify that _____ is retiring, being permanently laid off, or losing
first name , last name

their Full Time Benefits at age 65 on _____ after having been actively employed immediately
dd/mm/yyyy

prior to this occurrence at _____
hospital name

Human Resources authorized name

Human Resources authorized signature