Manitoba Health Insurance Confirmation Request Form

International Insurance Opt-Out Deadline is January 25, 2019
(this is the date we must receive your confirmation from Manitoba Health)

Instructions for Student:

1. **Submit this signed, fully completed form to Manitoba Health at: insuredben@gov.mb.ca**
2. **You will receive a confirmation letter by mail from Manitoba Health, which will take approximately 10 business days for processing.**
3. **Bring your confirmation letter from Manitoba Health to Financial & Registration Services.**

Student Number: _____

First Name: _____

Last Name: _____

Phone Number: _____

Mailing Address: _____

_____

Please provide confirmation that I have medical coverage and the period of time it is valid. The purpose of this request is for opting out of a mandatory private insurance plan provided by Brandon University, which requires confirmation of alternative coverage.

My above contact information is current, please contact me if needed.

_____

Signature of Student

_____

Date Requested