

**CONFIRMATION OF ALTERNATE HEALTH COVERAGE
FOR EXEMPTION FROM HEALTH PLAN PREMIUM DEDUCTIONS**

**For employees covered by another group insurance or benefits program
other than that offered by McGill University.**

I, _____, McGill ID _____ declare the following:

- I am currently covered for benefits, equal to at least those of the public drug insurance plan, under:
 - my spouse's group health insurance plan
 - my association or professional order

Insurance company _____ Policy No. _____

- I will advise my employer immediately if I am no longer covered by this insurance plan.
- I will provide all necessary documentation, as required, in the event my employer requests verification of the information indicated on this form.
- All information provided on this form is accurate and complete. I therefore request to be exempt from the health premium deduction.

Signature _____ Date _____

In accordance with article 44.1 of the *Loi sur l'assurance médicaments*, L.R.Q., c. A-20.01