



Community Living Society

# Certification of Employee MSP Coverage Not With The CLS

(Provincial Health Care)

**This form can be filled in online before printing and signing.**

**EE#** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Personal Health #** \_\_\_\_\_

(Care Card Number)

**Spouse and Dependants**

**Personal Health #**

_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

I certify that I have enrolled in MSP either through an individual plan or a group plan other than with the Community Living Society. I understand that it is my responsibility to arrange coverage through my spouse's employer or independently. I also understand that MSP is mandatory for all British Columbians and that in order for my CLS Group Extended Health coverage to be effective, I must be actively enrolled in MSP.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**