



APPLICATION FOR OUT-OF-PROVINCE COVERAGE CERTIFICATE Please Print

STUDENTS applying for Out-of-Province coverage must provide proof of full-time enrolment from the educational institution.

TEMPORARY ABSENT WORKERS applying for Out-of-Province coverage must provide proof of assignment outside the province on official company or business letterhead.

PERSON(S) FOR WHOM COVERAGE IS REQUESTED

Surname	All Given Names	MCP Registration Number	Birth Date (YY/MM/DD)

NEWFOUNDLAND MAILING ADDRESS

Street/P.O. Box			City/Town	
Province	Postal Code	Telephone Number (Home)		Telephone Number (Work)

ADDRESS WHILE OUTSIDE NEWFOUNDLAND

Street/P.O. Box			City/Town		
Province/State	Country	Postal C	Code/Zip Code	Telephone Number (Home)	Telephone Number (Work)

DETAILS OF ABSENCE FROM NEWFOUNDLAND

Date of Departure From Newfoundland & Labrador	Date of Expected Return to Newfoundland & Labrador
Reason for Absence From Newfoundland & Labrador	

DECLARATION (It is an offense to give false information for the purpose of obtaining coverage under the Newfoundland & Labrador Medical Care Plan)

I hereby declare that the information given is correct and the person(s) listed on this form are residents of Newfoundland & Labrador.

Signature

Medical Care Plan 22 High Street, P.O. Box 5000 Grand Falls-Windsor, NL, Canada, A2A 2Y4 Telephone: (709)292-4000 Facsimile: (709)292-4052 Medical Care Plan Belvedere Building, 57 Margaret's Place, P.O. Box 8700 St. John's, NL, Canada, A1B 4J6 Telephone: (709)758-1600 Facsimile: (709)758-1694

Date

Toll Free: 1-800-563-1557 www.gov.nl.ca/mcp