



Provincial Health Coverage

You are required to enroll in the provincial health care plan if you do not have alternative provincial health coverage (typically through your spouse's employer).

In order to opt-out of provincial health coverage, you are required to provide the group number of the provincial health care plan under which you are covered. Please provide necessary information:

Employee Name: _____ (Please print)	Employee Number: _____
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I wish to participate in BC Health Care Group Plan:	Yes	No
Indicate how many are covered under your card <u>including</u> yourself	<input type="checkbox"/>	
Are all of your dependants currently registered with BHC?	Yes	No
Are you currently under a subsidy plan with BHC?	Yes	No
NOTE: If you are currently under a subsidy plan with BHC, you are required to provide written proof of the subsidy from BHC		

I wish to waive participation in the BC Health Care Group Plan as I have alternate coverage elsewhere:	
Reason for waiving provincial health care coverage (indicate with an "x")	
_____ Spousal coverage	Group number _____
_____ Alternate coverage	Group number _____

Employee Signature

Date

Please return this form to:

**EPCOR - Human Resources
10065 – Jasper Avenue
Edmonton, AB T5J 3B1**