

BRITISH COLUMBIA REGIONAL COUNCIL OF CARPENTERS

MSP COVERAGE WAIVER

I _____ SIN. _____
(PRINT NAME)

- DO NOT REQUIRE MSP COVERAGE AS I AM COVERED UNDER ANOTHER PLAN.
- DO NOT REQUIRE MSP COVERAGE AS I HAVE FIRST NATIONS STATUS.
- DO NOT REQUIRE MSP COVERAGE FOR OTHER REASONS. PLEASE LIST REASON:

MEMBER: _____
(SIGNATURE)

WITNESS: _____
(SIGNATURE)

(PRINT NAME)

DATE: _____
DAY MONTH YEAR