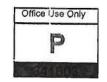


Health Non-Insured Benefits 300 Carlton St. Winnipeg MB R3B 3M9 www.manitoba.ca



MH Reg.#

DECLARATION FORM (Please Check One)	
I,, d form is true and correct with respect to the au	o declare that the information set forth in this thorization described above:
O LOST/MISPLACED/DESTROYED: The Additional for Out of Country Travel has been not receive the additional medication supply	lost, misplaced, or destroyed and I did
O NOT RECEIVED: The Authorization for an Travel was not received and I did not obtain	Additional Medication Supply for Out of Country the additional medication supplies.
If said authorization comes into my possession forthwith return it to Non-Insured Benefits, 30	
O TRAVEL PLANS CANCELLED: Did reconstruction Additional Medication Supply for Out of Country as planned.	eive and use said Authorization for an country Travel but did not travel outside the
I understand that, having used said authoriz Authorization for an Additional Medication S additional 100 days' supply of medication obta	upply for Out of Country Travel until the
Signature of Client	Signature of Witness
Date:	