



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

MH Reg.#

**Re: Authorization for an Additional Medication Supply for Out of Country Travel**  
**Authorization ID:**  
**Issue Date:**

**DECLARATION FORM (Please Check One)**

I, \_\_\_\_\_, do declare that the information set forth in this form is true and correct with respect to the authorization described above:

**LOST/MISPLACED/DESTROYED:** The Authorization for an Additional Medication Supply for Out of Country Travel has been lost, misplaced, or destroyed and I did not receive the additional medication supplies.

**NOT RECEIVED:** The Authorization for an Additional Medication Supply for Out of Country Travel was not received and I did not obtain the additional medication supplies.

If said authorization comes into my possession, I understand that it will be void, and I shall forthwith return it to Non-Insured Benefits, 300 Carlton Street, Winnipeg, MB R3B 3M9.

**TRAVEL PLANS CANCELLED:** Did receive and use said Authorization for an Additional Medication Supply for Out of Country Travel but did not travel outside the country as planned.

I understand that, having used said authorization, I will not be entitled to another Authorization for an Additional Medication Supply for Out of Country Travel until the additional 100 days' supply of medication obtained under said authorization is exhausted.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_