



**Manitoba Health Appeal Board**  
 102 – 500 Portage Avenue, Winnipeg MB R3C 3X1  
 T 204-945-5408 Toll Free 1-866-744-3257 F 204-948-2024  
 Website [www.manitoba.ca/health/appealboard](http://www.manitoba.ca/health/appealboard)

## NOTICE OF APPEAL (FOR INSURED BENEFITS DECISIONS)

### APPELLANT'S IDENTIFYING INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Surname Given Name

Address: \_\_\_\_\_  
# & street name City Postal Code

Telephone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Home/Cell/Work/Fax

Preferred pronoun/s (optional): \_\_\_\_\_

Personal Health Information Number (PHIN): \_\_\_\_\_  
 (9 digit number)

### APPELLANT'S REPRESENTATION ON APPEAL:

I will be representing myself on this appeal.

I will be represented by legal counsel:

\_\_\_\_\_  
Name Address Postal Code

I will be represented by another individual\*: \_\_\_\_\_  
Name and relationship to appellant

\_\_\_\_\_  
Address City Postal Code

\_\_\_\_\_  
Telephone # Email

**\*Note:** Please see information set out at bottom of page two regarding the Appellant's representative.

### ISSUE(S) UNDER APPEAL:

**TAKE NOTICE** that pursuant to the provisions of The Health Services Insurance Act and its regulations, I hereby provide Notice of my Appeal to the Manitoba Health Appeal Board regarding the following decision made by Manitoba Health, Insurance Division:

Registration     Out of Province Benefits     Claims Unit     Non-Insured Benefits

Decision I am appealing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**PLEASE PROVIDE A COPY OF THE WRITTEN DECISION FROM MANITOBA HEALTH WITH THIS NOTICE OF APPEAL.**

**MY GROUNDS (REASONS) FOR APPEAL ARE:**

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(Use back of page or attach new page if more writing space is required)

\_\_\_\_\_ Date

\_\_\_\_\_ Appellant\*

**REQUEST FOR EXTENSION OF TIME TO FILE APPEAL:**

Pursuant to Section 10(2) of The Health Services Insurance Act, an appeal must be commenced by mailing or delivering a notice of appeal to the Manitoba Health Appeal Board not more than 30 days after the date the appellant receives notice of the decision being appealed, or within such further time as the board permits. If this 30-day notice requirement was not met on this appeal, in order for the board to determine whether it will permit an extension of the filing time, you must provide a detailed written explanation for the late-filed appeal request. Use the following space or attach a separate page if required:

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**\*PLEASE TAKE NOTICE:**

**If this form is not signed by the Appellant or in the case of a minor child, the parent or legal guardian), the person signing on behalf of the Appellant must provide a copy of their authority to do so (for example, an order of committeeship or substitute decision-maker, a grant of power-of-attorney that sets out sufficient authority for the person to act in these circumstances or a representative authorization form, which is available at the board’s office or on its website (see contact information at top of page one).**