

Form D

Decision to Obtain Alternate Coverage

(Service Manager Waiver – LHCs only)

For the period November 1, 2011 - November 1, 2012



This form is to be filled in by the CAO of the Service Manager or his/her designate. It must be submitted (along with Form C) to SHSC **within 30 business days after renewal or inception of coverage** or SHSC will bind the LHC with the SHSC Program Broker and invoice for that coverage.

Submit completed forms with attachments to: Linda Le, SHSC, 390 Bay Street, Suite 710, Toronto, ON M5H 2Y2; Fax: 416-594-9422.

(Name of Local Housing Corporation)

has the authorization of the Service Manager

(Name of Service Manager)

to purchase group insurance coverage through an Alternate Broker instead of SHSC's Program Broker.

We acknowledge the requirements of the *Social Housing Reform Act, 2000*, related regulations and other provincial requirements regarding LHC insurance and we authorize the decision of the LHC to purchase insurance coverage outside the SHSC program.

We understand that, as a prescribed housing provider, the LHC is required to meet the coverage levels described in Form A and to participate in the SHSC insurance program. Participation includes the payment of a program fee to SHSC.

We acknowledge that the LHC accepts full responsibility for the decision to obtain coverage from an Alternate Broker, as well as any and all consequences thereof.

Signature of Chief Administrative Officer
or designated signing authority:

Name (please print):

Date: