
DATE

REQUEST FOR MEDICAL/DENTAL ADVANCE

Refs. A. CDLS(W) Website/Welcome Package
B. FAM Chapter 1016-9
C. FSD 42.1.1

1. An ☐ Obstetrics ☐ Medical ☐ Dental (CHECK ONE) advance in the amount of \$_____ USD is requested for:

SN	RANK	NAME	INITIALS
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The funds are required to pay expenses incurred/expected on _____ (date). Attach a list if multiple appointments are required with this advance request.

2. In signing this form, I hereby authorize the CDLS(W) Comptroller (or designate in his/her absence) to sign the DND 432 "Request for Accountable Advance of Public Funds" form on my behalf.
_____ (INITIALS)

3. I have read and fully understand the procedures applicable to this request in accordance with Refs as follows:
- a. Funds are required strictly for medical/dental expenses;
 - b. A minimum of \$400.00 is required before an advance will be issued (exceptions will be considered on an individual basis);
 - c. For amounts exceeding \$500.00, a cost estimate from the medical/dental provider must accompany this request;
 - d. The advance will be repaid within six months of being issued (nine months for obstetric/pregnancy). Repayment extensions may only be authorized by the SO Health Admin (CDLS (W)) with supporting documentation
 - e. Repayment of the advance will occur in one of the following four manners:
 - ✓ All medical/dental CF 52 claims will be applied against the advance, unless otherwise specified by the member (or the undersigned) until the balance is eliminated,
 - ✓ Reimbursement cheques received from either Canada Life or MSH International will be forwarded to the CDLS(W) Cashier by the member and to be applied against the advance,
 - ✓ Personal cheque written to "Receiver General for Canada"; or
 - ✓ Lump sum pay deduction.
4. I am aware that failure on my part to comply with the above procedures and regulations may result in recovery action taken by the CDLS(W) Comptroller. Acceptance of an advance of public funds for other than their stated purpose constitutes fraud and may result in disciplinary action. I also agree that all outstanding advances must be addressed prior to my repatriation.

SIGNATURE