

Medical Practice Insurance (CMPA) Program

This program is funded by a Contribution Agreement between the Yukon Medical Association (YMA) and the Government of Yukon. The purpose of the program is to reimburse eligible physicians for actual costs incurred in respect of their medical liability insurance premiums based on rates established by the Canadian Medical Protective Association.

Amounts received under the benefit programs are required to be included in the income of the recipient in the year in which they were received. (Original receipts should be retained.) A T4A will be issued in February. Please see the attached consent form to receive your T4A by email.

Who is eligible to receive CMPA reimbursement?

- YMA Full Members resident and practicing in the Yukon.
- Locum physicians billing the Yukon Health Care Insurance Plan (YHCIP) and who do not receive CMPA reimbursement from another jurisdiction for the month(s) they work in Yukon.

LOCUMS - a reminder

- if you will be locuming in the Yukon please log on to the CMPA website and update the jurisdiction(s) you will be working in over the year.

What is reimbursed?

- 100% of the monthly CMPA fees incurred by eligible physicians who:
 - have fee for service billings to the Yukon Health Care Insurance Plan, or
 - provide insured medical services under an Alternate Payment Plan, and
 - have not/will not receive CMPA fees from another jurisdiction for the month(s) they work in Yukon.

How do I make application to this Medical Practice Insurance (CMPA) program?

- read these guidelines, and
- date and sign below to indicate you fully understand the guidelines.
- THIS IS A ONE-TIME DOCUMENT.

How do I submit my application?

- Email this signed, dated, scanned application to: funds@yukondoctors.ca
- Post this signed, dated, scanned application to:
 - Fund Manager
 - Yukon Medical Association
 - 5 Hospital Road
 - Whitehorse, YT
 - Y1A 3H7
- If available, send through local internal clinic mail to the address above.

LOCUMS - Is there a statute of limitations on submitting my application?

- Yes, you must have confirmed that you are eligible and wish to receive reimbursement within 12 months of the end of your locum work.

When do I get my CMPA reimbursement?

- CMPA reimbursement payments are issued biannually, in July and December.

I have read and understand the guidelines of the Medical Practice Insurance (CMPA) Fund and agree to abide by all requirements contained there in. Reimbursement from another jurisdiction for the same month(s) covered under this YMA Fund could result in fraud charges.

Date _____

Signature _____

Name (please print) _____

Email Address _____

Payment made to: _____
(Professional Corporation name, if you have one)

Mailing address: _____

(please print) _____

For tax purposes we require the following information:

Your SIN (if no Prof Corp) _____

Your Prof Corp Name, if applicable _____

Your Prof Corp CRA Business # _____

Terms and Conditions - Guidelines and eligibility criteria are subject to change without notice. Always download the latest version from www.yukondoctors.ca

CONSENT FORM – email distribution of T4A

Amounts received under the YMA benefit programs are required to be included in the income of the recipient in the year in which they were received. Original receipts should be retained.

A T4A will be issued for payments received from any of the following funds:

YMA Members

- CME Program
- CMPA Program
- GP Oncology Training
- Locum Support Fund
- New Grads of CCFP Fund
- New Grads of RCPSC Fund
- Office Renovation Program
- Office Startup Program
- Parental Benefits
- Preceptor Support Program
- Recruitment Program
- Relocation Program
- Retention Program

Locums, Residents and Medical Students

- CMPA Program
- Locum Support Fund
- Resident/Medical Student Support Fund

We would prefer to send your T4A via email. The Canada Revenue Agency requires us to secure your signed consent in order to do so. Please complete the details below and return this form at your earliest convenience to funds@yukondoctors.ca

I hereby consent to have my T4A sent to me by email.

Name (please print)

Signature

Email address