NOTICE OF TERMINATION

In respect of: RECRUITMENT OR RETENTION SERVICE AGREEMENT

WHEREAS the Government of Yukon and the Yukon Medical Association wish to encourage the participation of all Yukon physicians in the Attachment and Attraction program (the "Program") established under the 2022-2025 Memorandum of Understanding;

AND WHEREAS pursuant to the terms and conditions of the Program, no physician may apply for or receive funds under both it and any previous Recruitment and Retention program or agreement.

NOW THEREFORE, I (please print) ______ hereby do terminate any and all outstanding recruitment and/or retention agreements with the Government of Yukon, pursuant to the following understanding:

1. The Government of Yukon will provide one final payment, prorated to the last date of the month inclusive of this date of termination below, so long as all other terms and conditions remain in compliance, as though the agreement(s) were still in force.

Physician signature

Physician name (please print)

Date

Director, Insured Health Services, signature

Director, Insured Health Services name (please print)

Date