



BRITISH COLUMBIA

Health InsuranceBC

MEDICAL SERVICES PLAN (MSP) APPLICATION FOR ENROLMENT

PLEASE PRINT IN CAPITAL LETTERS ONLY

1 2 3 4 A B C D

This form may also be completed and submitted online at www.gov.bc.ca/MSP/applyforhealthcare

To complete MSP enrolment, adult Canadian Citizens and Permanent Residents must obtain a Photo BC Services Card by visiting an Insurance Corporation of BC (ICBC) driver licensing office. To find an ICBC driver licensing office near you, please visit www.icbc.com.

Residents of BC are required, by law, to enrol themselves and to enrol their spouse and children who are residents of BC.

RESIDENT means a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, who makes his or her home in British Columbia, and is physically present in British Columbia for at least 6 months in a calendar year, or a shorter prescribed period, and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia.

1 APPLICANT INFORMATION
APPLICANT LEGAL LAST NAME, APPLICANT LEGAL FIRST NAME, APPLICANT LEGAL SECOND NAME, BIRTHDATE (MM / DD / YYYY), GENDER, DAYTIME TELEPHONE NUMBER, RESIDENTIAL ADDRESS, MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

2 RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION
A STATUS IN CANADA - PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS (DO NOT SEND ORIGINALS)
B HAVE YOU HAD MSP COVERAGE PREVIOUSLY?
C HAVE YOU LIVED IN BC SINCE BIRTH?
D HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE PAST 12 MONTHS?
E WILL YOU OR ANY FAMILY MEMBER BE AWAY FROM BC FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT SIX MONTHS?

3 SPOUSE AND CHILD INFORMATION
SPOUSE LEGAL LAST NAME, SPOUSE LEGAL FIRST NAME, SPOUSE LEGAL SECOND NAME, GENDER, BIRTHDATE (MM / DD / YYYY), STATUS IN CANADA, PERSONAL HEALTH NUMBER (PHN), HAS SPOUSE LIVED IN BC SINCE BIRTH?
CHILD LEGAL LAST NAME, CHILD LEGAL FIRST NAME, CHILD LEGAL SECOND NAME, GENDER, BIRTHDATE (MM / DD / YYYY), STATUS IN CANADA, PERSONAL HEALTH NUMBER (PHN), HAS CHILD LIVED IN BC SINCE BIRTH?





### 3 SPOUSE AND CHILD INFORMATION continued

CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	CHILD LEGAL SECOND NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
BIRTHDATE (MM / DD / YYYY)	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport <input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence <input type="checkbox"/> OTHER – Work or Study Permit, etc.		
PERSONAL HEALTH NUMBER (PHN)	HAS CHILD LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES IF NO, MOST RECENT MOVE TO BC → <input type="checkbox"/> NO	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY) PREVIOUS HEALTH NUMBER

CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	CHILD LEGAL SECOND NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
BIRTHDATE (MM / DD / YYYY)	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport <input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence <input type="checkbox"/> OTHER – Work or Study Permit, etc.		
PERSONAL HEALTH NUMBER (PHN)	HAS CHILD LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES IF NO, MOST RECENT MOVE TO BC → <input type="checkbox"/> NO	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY) PREVIOUS HEALTH NUMBER

IF YOU HAVE MORE CHILDREN, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

**IF ANY OF THE CHILDREN ARE DEPENDENT POST-SECONDARY STUDENTS (SEE BELOW), PLEASE COMPLETE THE SECTION BELOW.**

STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	STUDENT LEGAL SECOND NAME
SCHOOL NAME AND FULL ADDRESS		
	DATE STUDIES WILL BE FINISHED (MM / DD / YYYY)	IF SCHOOL IS OUTSIDE BC, ORIGINAL DEPARTURE DATE (MM / DD / YYYY)

TO ADD MORE DEPENDENT POST-SECONDARY STUDENTS, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

**DEPENDENT POST-SECONDARY STUDENT** means a BC resident who is older than 18 and younger than 25 years of age, in full-time attendance at a recognized post-secondary institution, and supported by a parent or person who stands in place of the person's parent. A dependent post-secondary student may include a student enrolled in full-time studies at an accredited trade school, technical school or high school.

### 4 PREMIUMS

Revenue Services of British Columbia issues invoices for MSP premiums on a monthly basis. Information about premium rates and subsidies can be found on Health Insurance BC's website at [www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca) or on the [Application for Regular Premium Assistance, HLTH 119](#). **PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION.**

### 5 AUTHORIZATION - MUST BE SIGNED BY APPLICANT, AND SPOUSE IF APPLICABLE (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)

I have received information about MSP and agree to abide by the terms and conditions of MSP. I understand that if a discrepancy exists between the information provided and the legislation, the legislation will govern.

I authorize the Ministry of Health to collect my health information from practitioners who provide publicly funded health care service(s) to me under MSP and other publicly funded health care programs, and I provide consent for those practitioners to disclose such information to the Ministry of Health for the purposes of assessing eligibility for, and in regard to the administration of, MSP and other Ministry of Health publicly funded health care programs.

I declare that all information provided is true and I understand that the Ministry of Health and/or Health Insurance BC may verify this information with immigration authorities, law enforcement authorities and other public authorities, agencies and persons as appropriate. I declare that all persons listed are residents of British Columbia.

SIGNATURE OF APPLICANT	SIGNATURE OF SPOUSE	DATE SIGNED (MM / DD / YYYY)

### 6 IMPORTANT INFORMATION

- IDENTIFICATION:** You must send with your application: photocopies of documents that support the name and Canadian citizenship or immigration status for all persons listed. Eligibility cannot be determined without this documentation. Canadian citizens and holders of permanent resident status (landed immigrants) returning from the USA may also be asked to provide evidence of having established residence in BC and/or having abandoned their status in the USA. If any person is not enrolling under the name shown on his/her citizenship or immigration document, please also submit a photocopy of a legal document (for example, a marriage or name change certificate) that indicates the name shown on this application.
- RESIDENCY:** If you expect to leave the province for more than 30 days in total during the next 6 months, a letter outlining your planned dates of departure and return, destination and the reason for your absence is required with this application. Failure to provide this information may affect eligibility for benefits.
- EFFECTIVE DATE OF BENEFITS:** New and returning residents must complete a wait period before health care benefits begin. Generally, this period is the balance of the month of arrival in BC, plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility may be affected. Applications should be submitted immediately on arrival in BC, not at the end of the wait period. If you apply late, the effective date of benefits will be determined by MSP and may result in premiums being charged retroactively.
- OUT-OF-PROVINCE STUDENTS:** Residents who leave BC temporarily to attend school or university may be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at a recognized educational facility.
- CANCELLATION OF BENEFITS:** Failure to remit premiums does not constitute notification to cancel benefits. If you will no longer be a resident of BC, you must notify Health Insurance BC that this is the case, and provide your date of departure from the province and your new address; otherwise, premium invoicing may continue.
- CHANGE OF NAME OR ADDRESS:** Health Insurance BC must be notified immediately of any change of name or address.
- LEGISLATION:** All information is subject to change in accordance with the *Medicare Protection Act* and Regulations and the *Hospital Insurance Act* and Regulations. If a discrepancy exists between the information Health Insurance BC has provided on this application and the legislation, the legislation will prevail.

Personal information is collected under the authority of the *Medicare Protection Act* and section 26 (a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) for the purposes of administration of the Medical Services Plan. Information may be disclosed pursuant to section 33 of FOIPPA. If you have any questions about the collection and use of your personal information, please contact the Health Insurance BC Chief Privacy Office at Health Insurance BC, Chief Privacy Office, PO Box 9035 STN PROV GOVT, Victoria, BC V8W 9E3 or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll-free).