



# MEDICAL SERVICES PLAN (MSP) APPLICATION FOR GROUP ENROLMENT

PLEASE PRINT IN CAPITAL LETTERS ONLY

1 2 3 4 A B C D

Before completing this application, please read **IMPORTANT INFORMATION** on page 2.

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 at least 6 months in a calendar year, 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.

**THIS SECTION FOR GROUP PLAN AUTHORIZATION ONLY - TO BE COMPLETED BY YOUR PAY OR PENSION OFFICE OR UNION WELFARE PLAN**

GROUP NUMBER [ ]	DEPARTMENT / PAYLIST NUMBER [ ]	AUTHORIZATION NAME OR STAMP [ ]
COVERAGE IS REQUESTED THE FIRST DAY OF (MM / YYYY) [ ]	EMPLOYEE / PENSION NUMBER [ ]	

**1 APPLICANT INFORMATION**

APPLICANT LEGAL LAST NAME [ ]	APPLICANT LEGAL FIRST NAME [ ]	APPLICANT LEGAL SECOND NAME [ ]
	BIRTHDATE (MM / DD / YYYY) [ ]	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
RESIDENTIAL ADDRESS [ ]	CITY [ ]	PROV POSTAL CODE [ ]
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) [ ]	CITY [ ]	PROV POSTAL CODE [ ]

**2 RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION**

<b>A</b>	STATUS IN CANADA - <b>PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS</b> (DO NOT SEND ORIGINALS) <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.		
<b>B</b>	HAVE YOU HAD MSP COVERAGE PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, GO TO "C")	IF YES, PROVIDE →	PERSONAL HEALTH (CARECARD) NUMBER (MM / DD / YYYY) [ ]
<b>C</b>	HAVE YOU LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, GO TO "D")	MOST RECENT MOVE TO BC →	MOST RECENT MOVE TO CANADA (IF DIFFERENT FROM DATE OF MOVE TO BC) →
	IS THIS A PERMANENT MOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PROVINCE OR COUNTRY MOVED FROM [ ]	PREVIOUS HEALTH NUMBER [ ]
<b>D</b>	HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, GO TO "E")		
	DEPARTURE DATE (MM / DD / YYYY) [ ]	RETURN DATE (MM / DD / YYYY) [ ]	FAMILY MEMBER NAME, REASON FOR DEPARTURE AND LOCATION [ ]
<b>E</b>	WILL YOU OR ANY FAMILY MEMBER BE AWAY FROM BC FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT SIX MONTHS? IF YES, SEE <b>RESIDENCY</b> , PAGE 2. <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A FULL-TIME STUDENT? IF YES, WILL YOU RESIDE IN BC ON COMPLETION OF YOUR STUDIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF ANYONE LISTED IS AN ACTIVE MEMBER OF, OR HAS BEEN RELEASED FROM, THE CANADIAN FORCES, RCMP OR AN INSTITUTION, PLEASE PROVIDE THE DISCHARGE DATE: (MM / DD / YYYY) [ ]

IS THIS APPLICATION ALSO FOR A SPOUSE OR CHILD? IF YES, PLEASE COMPLETE PAGE 2.

**3 AUTHORIZATION - MUST BE SIGNED (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 the information I have given is collected under the authority of the *Medicare Protection Act* and may be used to assess eligibility for other Ministry of Health Services programs, and that practitioners who provide service(s) under MSP are required under the *Medicare Protection Act* to release information relative to those services to MSP to support claims for benefits.

I declare that all information provided is true and I understand that the Ministry 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 [ ]	DATE SIGNED (MM / DD / YYYY) [ ]	SIGNATURE OF SPOUSE [ ]	DATE SIGNED (MM / DD / YYYY) [ ]
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#### 4 SPOUSE AND CHILD INFORMATION

**SPOUSE** means a resident of BC who is either married to or living and cohabiting in a marriage-like relationship with the applicant and may be of the same gender as the applicant.  
**CHILD** means a resident of BC who is the legal ward or child of the applicant, is supported by the applicant, is neither married nor living and cohabiting in a marriage-like relationship, and is either age 18 or younger, or age 19 to 24 and attending school or university full time.

**PHOTOCOPIES OF CURRENT CITIZENSHIP/IMMIGRATION DOCUMENTS MUST BE ATTACHED. USE LEGAL NAMES WHEN COMPLETING THIS FORM.**

SPOUSE LEGAL LAST NAME	SPOUSE LEGAL FIRST NAME	SPOUSE 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.	
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PERSONAL HEALTH (CARECARD) NUMBER	HAS SPOUSE LIVED IN BC SINCE BIRTH?	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY)	PREVIOUS HEALTH NUMBER
	<input type="checkbox"/> YES IF NO, MOST RECENT MOVE TO BC →			

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.	
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PERSONAL HEALTH (CARECARD) NUMBER	HAS CHILD LIVED IN BC SINCE BIRTH?	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY)	PREVIOUS HEALTH NUMBER
	<input type="checkbox"/> YES IF NO, MOST RECENT MOVE TO BC →			

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.	
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	<input type="checkbox"/> YES IF NO, MOST RECENT MOVE TO BC →			

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.	
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PERSONAL HEALTH (CARECARD) NUMBER	HAS CHILD LIVED IN BC SINCE BIRTH?	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY)	PREVIOUS HEALTH NUMBER
	<input type="checkbox"/> YES IF NO, MOST RECENT MOVE TO BC →			

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

#### IF ANY OF THE CHILDREN ARE 19 TO 24 YEARS OF AGE AND ATTENDING SCHOOL ON A FULL-TIME BASIS, 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)

IF YOU HAVE MORE CHILDREN 19 TO 24 YEARS OF AGE THAT ARE FULL-TIME STUDENTS, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

#### 5 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 waiting 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 waiting period, eligibility may be affected. Applications should be submitted immediately on arrival in BC, not at the end of the waiting 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:** If studying outside BC, the absence must be temporary and solely for the purpose of attending full-time studies at an accredited educational facility in a program which leads to a degree or certificate recognized in Canada.
- 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 occur.
- 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 on this form is collected under the authority of the *Medicare Protection Act*. The information will be used to determine residency in BC and determine eligibility for provincial health care benefits. If you have any questions about the collection of this information, contact Health Insurance BC at the address or telephone numbers on page 1. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.