BRITISH COLUMBIA | Health InsuranceBC

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.

The BC Services Card provides access to insured provincial health care benefits for eligible BC residents. Before this Group Enrolment form is submitted, new and returning adult residents should first visit an Insurance Corporation of BC (ICBC) driver licensing office to request a Photo BC Services Card. To find an ICBC driver licensing office near you, and information about required ID, please visit icbc.com. After visiting an ICBC driver licensing office, submit this Application for Group Enrolment.

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.

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

As a person must be a resident of BC to qualify for provincial health care benefits, your current **residential** address is required.

BIRTHDATE (MM / DD/ YYYY)

GENDER ☐M ☐F

DAYTIME TELEPHONE NUMBER

RESIDENTIAL ADDRESS

CITY

PROV

POSTAL CODE

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY

PROV

POSTAL CODE

2 RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION

A STATUS IN CANADA - ***PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS*** (DO NOT SEND ORIGINALS)

☐ CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport

☐ HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence

☐ OTHER – Work or Study Permit, etc.

B HAVE YOU HAD MSP COVERAGE PREVIOUSLY? ☐YES ☐NO (IF NO, GO TO "**C**")

IF YES, PROVIDE → PERSONAL HEALTH NUMBER (PHN)

C HAVE YOU LIVED IN BC SINCE BIRTH? ☐YES ☐NO (IF YES, GO TO "**D**")

MOST RECENT MOVE TO BC → (MM / DD / YYYY)

IS THIS A PERMANENT MOVE? ☐YES ☐NO

PROVINCE OR COUNTRY MOVED FROM

MOST RECENT MOVE TO CANADA (IF WITHIN PAST 12 MONTHS) → (MM / DD / YYYY)

PREVIOUS HEALTH NUMBER

D HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE PAST 12 MONTHS? ☐YES ☐NO (IF NO, GO TO "**E**")

DEPARTURE DATE (MM / DD / YYYY)

RETURN DATE (MM / DD / YYYY)

FAMILY MEMBER NAME, REASON FOR DEPARTURE AND LOCATION

E WILL YOU OR ANY FAMILY MEMBER BE AWAY FROM BC FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT SIX MONTHS? ☐YES ☐NO
IF YES, SEE **RESIDENCY**, PAGE 2.

ARE YOU A FULL-TIME STUDENT? ☐YES ☐NO

IF YES, WILL YOU RESIDE IN BC ON COMPLETION OF YOUR STUDIES? ☐YES ☐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)

3 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 BC resident who is a child of a beneficiary or a person in respect of whom a beneficiary stands in the place of a parent, and who is a minor, does not have a spouse, and is supported by the beneficiary.

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 ☐M ☐F

BIRTHDATE (MM / DD/ YYYY)

STATUS IN CANADA

☐ CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport

☐ HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence

☐ OTHER – Work or Study Permit, etc.

PERSONAL HEALTH NUMBER (PHN)

HAS SPOUSE LIVED IN BC SINCE BIRTH? ☐YES ☐NO IF NO, MOST RECENT MOVE TO BC →

MM / DD / YYYY

FROM (PROVINCE OR COUNTRY)

PREVIOUS HEALTH NUMBER

Mailing Address: Health Insurance BC, Medical Services Plan, PO Box 9679 Stn Prov Govt, Victoria BC V8W 9P7
Tel: (Lower Mainland) 604 683-7520, (Rest of BC) 1 877 955-5656 Web: www.hibc.gov.bc.ca

HLTH 167 V6 Rev. 2017/11/29

3 SPOUSE AND CHILD INFORMATION continued

CHILD LEGAL LAST NAME | CHILD LEGAL FIRST NAME | CHILD LEGAL SECOND NAME | GENDER ☐M ☐F

BIRTHDATE (MM / DD/ YYYY) | STATUS IN CANADA

☐ CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport
☐ HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence
☐ OTHER – Work or Study Permit, etc.

PERSONAL HEALTH NUMBER (PHN) | HAS CHILD LIVED IN BC SINCE BIRTH? ☐YES ☐NO IF NO, MOST RECENT MOVE TO BC → | MM / DD / YYYY | FROM (PROVINCE OR COUNTRY) | PREVIOUS HEALTH NUMBER

CHILD LEGAL LAST NAME | CHILD LEGAL FIRST NAME | CHILD LEGAL SECOND NAME | GENDER ☐M ☐F

BIRTHDATE (MM / DD/ YYYY) | STATUS IN CANADA

☐ CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport
☐ HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence
☐ OTHER – Work or Study Permit, etc.

PERSONAL HEALTH NUMBER (PHN) | HAS CHILD LIVED IN BC SINCE BIRTH? ☐YES ☐NO IF NO, MOST RECENT MOVE TO BC → | 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 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 understand that the information I have given is collected under the authority of the Medicare Protection Act and section 26(a) and (c) of the Freedom of Information and Protection Act (FIPPA) and the information will be used to assess eligibility for, and to administer, MSP and other Ministry of Health publicly funded health care programs.

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 understand that information may be disclosed by the Ministry of Health pursuant to section 33 of FIPPA.

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.

If you have any questions about the collection and use of your personal information, please contact: 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).

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

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 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 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.

PRINT RESET