

APPLICATION FOR ENROLLMENT

Residents of BC are required, by law, to enroll themselves and their dependents with MSP.
 Before completing this application, please read **IMPORTANT INFORMATION**, Section 7, on next page.

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 an MSP client representative at the address or telephone numbers shown above. 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.

1 APPLICANT INFORMATION - PLEASE PRINT

LEGAL NAME	FIRST	SECOND	SURNAME
BIRTHDATE	MM DD YYYY	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE NUMBER () () () () () ()
RESIDENTIAL ADDRESS		MAILING ADDRESS (if different from residential address)	
POSTAL CODE		POSTAL CODE	

2 RESIDENCE AND CITIZENSHIP/IMMIGRATION INFORMATION

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.

A Check the box below which applies to you and attach a photocopy of the applicable document. <input type="checkbox"/> CANADIAN CITIZEN Attach photocopy of Canadian birth certificate, Canadian citizenship card or passport. <input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS (LANDED IMMIGRANT) Attach photocopy of Record of Landing, Permanent Resident Card (front and back) or Confirmation of Permanent Residence. <input type="checkbox"/> OTHER Attach photocopy of Work Permit, Study Permit, etc. DO NOT SEND ORIGINALS!	B HAVE YOU HAD MSP COVERAGE PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN DID YOUR PREVIOUS MSP COVERAGE END? MM DD YYYY WHAT WAS YOUR PERSONAL HEALTH NUMBER? 9	C HAVE YOU LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES. IF YES, GO TO "D". <input type="checkbox"/> NO MOST RECENT MOVE TO BC MM DD YYYY IS THIS A PERMANENT MOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT PROVINCE/COUNTRY DID YOU MOVE FROM? WHAT WAS YOUR HEALTH NUMBER? MOST RECENT MOVE TO CANADA, if different from date of move to BC MM DD YYYY
D HAVE YOU, OR ANY FAMILY MEMBER LISTED, BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME, REASON AND LOCATION IF YES, DATE OF DEPARTURE MM DD YYYY DATE OF RETURN MM DD YYYY		E DO YOU, OR ANY FAMILY MEMBER LISTED, PLAN TO BE AWAY FROM BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE NEXT 6 MONTHS? <input type="checkbox"/> YES. IF YES, PROVIDE DETAILS (see page 2) <input type="checkbox"/> NO ARE YOU A FULL-TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WILL YOU RESIDE IN BC ON COMPLETION OF YOUR STUDIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF RECENTLY RELEASED FROM THE CANADIAN ARMED FORCES, RCMP OR AN INSTITUTION, PROVIDE THE DATE OF DISCHARGE/RELEASE. MM DD YYYY

3 PREMIUMS

You will be billed for premiums unless you qualify for 100% premium assistance. See PREMIUMS on page 2. Please do not send payment with this application.

I WANT TO BE BILLED EVERY: YEAR 6 MONTHS 3 MONTHS

4 AUTHORIZATION - MUST BE SIGNED

- 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 programs.
- I understand 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 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

SIGNATURE OF SPOUSE

DATE SIGNED

5 IS THIS APPLICATION ALSO FOR A SPOUSE OR CHILD?

YES
 NO

IF YES, SEE NEXT PAGE

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6 DEPENDENT INFORMATION - PLEASE PRINT

SPOUSE means a resident 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 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'S NAME (FIRST/SECOND/SURNAME)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MM DD YYYY	PERSONAL HEALTH NUMBER (see CareCard) 9
CITIZENSHIP/IMMIGRATION STATUS IN CANADA (PROOF MUST BE PROVIDED)		MOST RECENT MOVE TO BC MM DD YYYY		HEALTH NUMBER IN PREVIOUS PROVINCE
1st CHILD'S NAME (FIRST/SECOND/SURNAME)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MM DD YYYY	PERSONAL HEALTH NUMBER (see CareCard) 9
CITIZENSHIP/IMMIGRATION STATUS IN CANADA (PROOF MUST BE PROVIDED)		MOST RECENT MOVE TO BC MM DD YYYY		HEALTH NUMBER IN PREVIOUS PROVINCE
2nd CHILD'S NAME (FIRST/SECOND/SURNAME)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MM DD YYYY	PERSONAL HEALTH NUMBER (see CareCard) 9
CITIZENSHIP/IMMIGRATION STATUS IN CANADA (PROOF MUST BE PROVIDED)		MOST RECENT MOVE TO BC MM DD YYYY		HEALTH NUMBER IN PREVIOUS PROVINCE
3rd CHILD'S NAME (FIRST/SECOND/SURNAME)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MM DD YYYY	PERSONAL HEALTH NUMBER (see CareCard) 9
CITIZENSHIP/IMMIGRATION STATUS IN CANADA (PROOF MUST BE PROVIDED)		MOST RECENT MOVE TO BC MM DD YYYY		HEALTH NUMBER IN PREVIOUS PROVINCE

IF ANY CHILDREN LISTED ARE AGE 19 TO 24, PLEASE COMPLETE THE FOLLOWING. IF THE SCHOOL IS OUTSIDE CANADA, SEE BELOW REGARDING OUT-OF-COUNTRY STUDENTS.

CHILD'S NAME	DATE STUDIES WILL BE FINISHED MM DD YYYY	CHILD'S NAME	DATE STUDIES WILL BE FINISHED MM DD YYYY
SCHOOL NAME AND ADDRESS		SCHOOL NAME AND ADDRESS	
IF ATTENDING SCHOOL OUTSIDE BC, PROVIDE ORIGINAL DATE OF DEPARTURE	MM DD YYYY	IF ATTENDING SCHOOL OUTSIDE BC, PROVIDE ORIGINAL DATE OF DEPARTURE	MM DD YYYY

7 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.
 As a person must be a resident of BC to qualify for provincial health care benefits, your current **residential** address is required. An application received with only a PO Box address will not be processed until your residential address is provided.
- EFFECTIVE DATE OF BENEFITS:** New and returning residents must complete a waiting period before health care benefits can begin. Generally, this period consists of 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 rather than at the end of the waiting period. If late application is made, the effective date of benefits will be determined by MSP and may result in premiums being charged retroactively.
- OUT-OF-COUNTRY STUDENTS:** If studying outside BC the absence must be temporary and solely for the purpose of attending school or university. Proof of school registration as a foreign student for the current term is required. Benefits may be available for a maximum of five years while studying outside the country.
- PREMIUMS:** Information about premium rates and subsidies can be found on our regular premium assistance application. Premium rates are subject to change.
- 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 MSP that this is the case, and provide your date of departure from the province and your new address; otherwise, premium billing may continue.
- CHANGE OF NAME OR ADDRESS:** MSP 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 MSP has provided on this application and the legislation, the legislation will prevail.