BRITISH COLUMBIA Ministry of Health and Ministry Responsible for Seniors

Health Canada / Santé Canada

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Location:
701 - 1166 Alberni Street
Vancouver, BC V6E 3Z3

1- 800-317-7878
604-666-3331

Mailing Address:
540 - 757 West Hastings Street
Vancouver, BC V6C 3E6

MEDICAL SERVICES PLAN (MSP) APPLICATION FOR ENROLLMENT

THIS APPLICATION IS FOR REGISTERED STATUS INDIANS WHO ARE ASSISTED BY THE MEDICAL SERVICES BRANCH OF HEALTH CANADA, AND MUST BE AUTHORIZED BY THE HEALTH CANADA PACIFIC REGION OFFICE.

FORMS WHICH ARE INCOMPLETE, UNSIGNE[D] OR UNAUTHORIZED WILL BE RETURNED.

BAND NAME	FAMILY NUMBER	PERSONAL HEALTH NUMBER	GROUP NUMBER
		9	2100030

1. APPLICANT INFORMATION (please print) — *SEE REVERSE BEFORE COMPLETING APPLICATION*

LEGAL NAME: FIRST | SECOND | SURNAME | PREVIOUS SURNAME(S)

BIRTH DATE: MM DD YYYY | GENDER ☐ M ☐ F | HOME PHONE NUMBER ( ) | WORK PHONE NUMBER ( ) | SOCIAL INSURANCE NUMBER (optional)

RESIDENTIAL ADDRESS | MAILING ADDRESS (If different from residential address, this information must be provided.)

POSTAL CODE | ***PHOTOCOPIES OF BIRTH CERTIFICATES ARE REQUIRED FOR EACH PERSON LISTED ON THIS APPLICATION.*** | POSTAL CODE

2. RESIDENCE INFORMATION

HAVE YOU LIVED IN BC SINCE BIRTH? ☐ Y ☐ N | IF NO, DATE OF MOST RECENT MOVE TO BC: MM DD YYYY | WHAT WAS YOUR HEALTH INSURANCE NUMBER IN YOUR FORMER PROVINCE OR COUNTRY? | FROM (PROVINCE OR COUNTRY)

DO YOU PLAN TO LIVE IN BC PERMANENTLY? ☐ Y ☐ N | DO YOU OR ANY FAMILY MEMBER LISTED BELOW PLAN TO BE AWAY FROM BC FOR MORE THAN 30 DAYS DURING THE NEXT SIX MONTHS? ☐ Y ☐ N | HAVE YOU OR ANY FAMILY MEMBERS LISTED BELOW BEEN OUTSIDE BC FOR MORE THAN 30 DAYS DURING THE PAST 12 MONTHS? ☐ Y ☐ N

3. DEPENDENT INFORMATION — LIST ONLY THOSE WHO ARE REGISTERED WITH DEPARTMENT OF INDIAN AFFAIRS

SPOUSE'S LEGAL NAME (FIRST / SECOND / SURNAME) | BIRTH DATE: MM DD YYYY | GENDER ☐ M ☐ F | PERSONAL HEALTH NUMBER 9

PREVIOUS SURNAME (if applicable) | HAS SPOUSE LIVED IN BC SINCE BIRTH? ☐ Y ☐ N | IF NO, MOST RECENT MOVE TO BC: MM DD YYYY | FROM (PROVINCE OR COUNTRY)

FIRST CHILD'S LEGAL NAME (FIRST / SECOND / SURNAME) | BIRTH DATE: MM DD YYYY | GENDER ☐ M ☐ F | PERSONAL HEALTH NUMBER 9

PREVIOUS SURNAME (if applicable) | HAS CHILD LIVED IN BC SINCE BIRTH? ☐ Y ☐ N | IF NO, MOST RECENT MOVE TO BC: MM DD YYYY | FROM (PROVINCE OR COUNTRY)

SECOND CHILD'S LEGAL NAME (FIRST / SECOND / SURNAME) | BIRTH DATE: MM DD YYYY | GENDER ☐ M ☐ F | PERSONAL HEALTH NUMBER 9

PREVIOUS SURNAME (if applicable) | HAS CHILD LIVED IN BC SINCE BIRTH? ☐ Y ☐ N | IF NO, MOST RECENT MOVE TO BC: MM DD YYYY | FROM (PROVINCE OR COUNTRY)

IF YOU HAVE MORE DEPENDENTS, PLEASE CHECK BOX ☐ AND ATTACH AN ADDITIONAL SHEET.

IF ANY OF THE CHILDREN ARE 19 TO 24 YEARS OF AGE AND ATTENDING SCHOOL ON A FULL-TIME BASIS, PLEASE COMPLETE THE FOLLOWING:

CHILD'S NAME | SCHOOL NAME AND ADDRESS | ***SEE REVERSE REGARDING OUT-OF-PROVINCE STUDENTS (PROOF REQUIRED FOR OUT-OF-COUNTRY STUDENTS)***

IF SCHOOL IS OUTSIDE BC, PROVIDE ORIGINAL DATE OF DEPARTURE: MM DD YYYY

IF ANYONE LISTED IS AN ACTIVE MEMBER OR HAS RECENTLY BEEN RELEASED FROM THE ARMED FORCES, RCMP OR AN INSTITUTION, PLEASE PROVIDE THE FOLLOWING: | NAME | ACTIVE? ☐ Y ☐ N | DATE OF DISCHARGE MM DD YYYY

4. DECLARATION — MUST BE SIGNED

I BELONG TO THE ______________________ BAND AND I WANT TO BE ENROLLED WITH MSP THROUGH HEALTH CANADA.

- 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 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 on this application is true, and I authorize the Ministry to 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.

APPLICANT'S SIGNATURE | DATE SIGNED MM DD YYYY | SPOUSE'S SIGNATURE | DATE SIGNED MM DD YYYY

5. AUTHORIZATION — MUST BE SIGNED BY HEALTH CANADA

HEALTH CANADA AUTHORIZATION | **THE ABOVE INFORMATION IS SUPPORTED BY:**

NAME OF COMMUNITY HEALTH REPRESENTATIVE | TELEPHONE NUMBER ( )

ADDRESS

MEDICAL SERVICES BRANCH REPRESENTATIVE

IMPORTANT INFORMATION

Personal information is collected under the authority of the *Medicare Protection Act* and is used to determine eligibility for Ministry of Health programs available to residents of BC. This information is protected and accessible under the *Freedom of Information and Protection of Privacy Act* and is treated with the utmost confidentiality.

Residents of BC are required to enroll themselves, and their dependents who reside in BC, with the Medical Services Plan.

Eligibility for provincial health care benefits is based on residency in British Columbia. Under the *Medicare Protection Act*, **RESIDENT** means a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, 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.

DEPENDENT — includes a spouse and children who are residents of BC.

SPOUSE — With respect to another person, means a resident who is married to or is living in a marriage-like relationship with the other person and, for the purposes of this definition, the marriage or marriage-like relationship may be between persons of the same gender.

CHILD — Means a person 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, or is older than 18 and younger than 25 years and is in full-time attendance at an approved educational institution, is supported by the beneficiary and does not have a spouse.

ABSENCES — If you or any family member listed on this application expect to leave the province for more than 30 days, in total, during the next 6 months, a letter outlining your planned date of departure, where you will be, the reason for the absence and your expected date of return is required.

If you or any family member listed on this application have been outside BC for more than 30 days during the past 12 months, include a letter giving all dates of departure from BC, your whereabouts, the reason for each absence and all dates of return to BC.

If you or any family member spend part of each year outside the province, you must reside in Canada at least 6 months in a calendar year and continue to maintain your home in BC, to qualify for provincial health care benefits. Advise MSP of each date of departure, date of return, your whereabouts and the reason for each absence.

FAILURE TO PROVIDE ANY REQUIRED INFORMATION MAY AFFECT ELIGIBILITY FOR BENEFITS.

OUT-OF-PROVINCE STUDENT — If studying outside BC, the absence must be temporary and solely for the purpose of attending school or university. Also, if studying outside Canada, 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.

CHANGE OF PERSONAL INFORMATION — If the names or birthdate which appear on the CareCard need changing, you are required to include a photocopy of a legal document indicating the cardholder's correct name or birthdate (such as birth certificate, Canadian citizenship card — front and back, or a marriage certificate or change-of-name certificate).

RESIDENTIAL AND MAILING ADDRESS — ***ALL CHANGES OF ADDRESS MUST BE REPORTED IMMEDIATELY TO MSP***
As you must be a resident of British Columbia to be eligible for provincial health care benefits, your current residential address is required. A form received without a residential address will be returned.