



Plan Z coverage may be extended to B.C. residents who have completed the enrolment process for the B.C. Medical Services Plan (MSP) but are in the coverage wait period. Exceptional Plan Z coverage is for a maximum of three months. For more information on Plan Z or to access this form online, visit <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies/plan-z>.

NOTE: Forms submitted by unauthorized persons or with incomplete fields will be returned.

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error.

For pharmacists: Ask the patient if they have completed MSP enrolment (both steps, see below). Special Authority (SA) will confirm. If yes, SA will activate 3 months of coverage in PharmaNet and inform the pharmacy by fax. If the patient has not completed MSP enrolment, SA will return the form by fax, with the reason for ineligibility.

For patients: To be eligible for Plan Z coverage you need to have completed MSP enrolment (instructions at the bottom of the page).

A. TO BE SIGNED BY PATIENT

Name of Patient	Phone Number	Birthdate (YYYY / MM / DD)
Address	Postal Code	Personal Health Number (PHN)
I acknowledge that to receive coverage under Plan Z, I must have completed the MSP enrolment process. (See bottom of form for information about MSP enrolment.)	Signature of Patient	Date Signed (YYYY / MM / DD)

Personal information on this form is collected under the authority of section 22 of the *Pharmaceutical Services Act* for coverage under PharmaCare's Assurance Plan (Plan Z). The personal information will be used to support the patient to be a Plan Z beneficiary. If you have questions about the collection of personal information on this form, contact Health Insurance BC (HIBC). From the Lower Mainland, call 604 683-7151. Elsewhere in B.C., call 1 800 663-7100 (toll free). Personal information will be released to PharmaCare for the provision of drug benefits. This information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Pharmaceutical Services Act*.

B. TO BE SIGNED BY PHARMACIST

☐ I certify that the patient has a valid Rx for Mifegymiso®.

Name of Pharmacist	Practitioner College ID Number - Mandatory	Pharmacy ID Code
Pharmacy Phone Number	Pharmacy Fax Number - Mandatory	Signature of Pharmacist
		Date Signed (YYYY / MM / DD)

Fax this form to Special Authority: 1 855 812-1071. Do NOT fax to HIBC.

C. FOR PHARMACARE USE ONLY

Status	Effective Date (YYYY / MM / DD)	Termination Date (YYYY / MM / DD)
Rationale		

How to complete enrolment in MSP:

Step 1: Submit application. Applying online takes 15 minutes. Be prepared to upload scans or photographs of relevant ID.

You can also apply by mail, or in person at a ServiceBC office near you.

See www.gov.bc.ca/ahdc

Step 2: Prove your identity and apply for a BC Services Card. You can apply for a BC Services Card at an ICBC driver licensing office.

Before you go, see www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/how-to-enrol

If you have questions, contact HIBC: Lower Mainland: 604 683-7151, Elsewhere in B.C. toll-free: 1 800 663-7100

PO Box 9035 St Prov Govt, Victoria, BC V8W 9E3