

GROUP ORDER FORM

Complete this form when you require a supply of MSP pamphlets or forms. As information can become outdated, please order only a *three (3) month supply* at a time.

Please note that the Group Administrator forms identified below are available for online submission at <u>www.hibc.gov.bc.ca</u>. Submitting online has a number of advantages including a faster and easier way to submit the application or request, greater assurance of the accuracy of information and reduction of paper waste and postage fees.

If you require small numbers, please use the forms available for online submission or the fill-and-print forms from <u>www.hibc.gov.bc.ca</u>. **To order BC Services Card resources**, please go to <u>www.BCServicesCard.ca/order</u>.

Company Name		Group Number			
Contact Name	ame		Area Code and Phone Number		
Mailing Address	City		Prov	Postal Code	

Please specify number of items requested. Please ensure you are using the most current version of forms as are found on the website at www.gov.bc.ca/mspgroupplanadministratorforms

QUANTITY	DOCUMENT
	HLTH 103, Application for Supplementary Benefits
	HLTH 104, Application for Retroactive Premium Assistance
	HLTH 167, Application for Group Enrolment (online submission form available at <u>www.hibc.gov.bc.ca</u>)
	HLTH 170, Group Change Request (online submission form available at <u>www.hibc.gov.bc.ca</u>)
	MSP pamphlet (also online at <u>www.gov.bc.ca/medicalservicesplan</u>)
	Leaving BC brochure (also online at <u>www.gov.bc.ca/leavingbcpermanently</u>)

Please go to the website at www.gov.bc.ca/mspgroupplanadministratorforms to download:

HLTH 173, Order Form (this form) <u>www2.gov.bc.ca/assets/gov/health/forms/173fil.pdf</u> HLTH 217, Coverage Cancellation <u>www2.gov.bc.ca/assets/gov/health/forms/217fil.pdf</u> HLTH 1904, Notice to Terminating Employees <u>www.gov.bc.ca/mspgroupplanadministratorforms</u>

Send this form to: DOCUMENT MANAGEMENT HEALTH INSURANCE BC PO BOX 9035 STN PROV GOVT VICTORIA BC V8W 9E3