

## INFORMATION SHEET

 **Apply online at [gov.bc.ca/AHDC](https://gov.bc.ca/AHDC)**

This information sheet is to help you fill out the application form. ***Please do not submit this information sheet with your form.***

B.C. residents can apply for one, two or three programs on this form:

- Medical Services Plan (MSP)
- Fair PharmaCare
- Supplementary Benefits

If you are not enrolled in MSP, it is recommended that you submit this form as soon as you arrive in B.C.

To apply for Fair PharmaCare and/or Supplementary Benefits, you must either:

- Already be enrolled in MSP or
- Use this application to enrol in MSP at the same time.

### **MSP**

Pays for medically required services of physicians and surgeons, and dental or oral surgery performed in a hospital. If you are a B.C. resident, you must by law enrol in MSP, and enrol your spouse and child(ren) who are B.C. residents. You must physically be in B.C. to enrol in MSP. If you are already enrolled in MSP, you can update your account at [gov.bc.ca/managingyourmspaccount](https://gov.bc.ca/managingyourmspaccount).

### **Fair PharmaCare**

Helps pay for some drugs and medical devices and supplies, such as prostheses and diabetes supplies. It is based on income. The less you earn, the more help you get.

### **Supplementary Benefits**

Provides partial payment for certain medical services, such as acupuncture and massage therapy, and may provide access to other income-based programs. Individuals or families must have an adjusted net income of \$42,000 a year or less to be eligible.



## **Definitions**

### **B.C. resident**

A citizen of Canada, permanent resident, or deemed resident who makes their home in B.C., and is physically present in B.C. at least six months in a calendar year (or shorter period, if applicable). Visitors and tourists in B.C. are not eligible for MSP.

### **Spouse**

Person married to or cohabiting in a marriage-like relationship with the applicant.

### **Child**

Under 19 years old, and the applicant is their parent or legal guardian.

### **Dependent post-secondary student**

A 19- to 24-year-old who is supported by parent(s) or guardian(s), has no spouse, and is enrolled full-time in a recognized post-secondary institution.

## **Filing Income Tax for Income-based Programs**

You need to file your taxes each year with the Canada Revenue Agency to maintain coverage under Fair PharmaCare and Supplementary Benefits.

**INFORMATION SHEET - Do not return with form**

**Completing MSP Enrolment**

To complete MSP enrolment, most adults must obtain a photo BC Services Card by visiting an ICBC driver licensing office. You can book an appointment to visit a ICBC driver licensing office at a location and time that suits you. For more information, please visit [www.icbc.com/appointment](http://www.icbc.com/appointment).

ICBC accepts different ID from the ID listed below. You may check their accepted ID at [www.icbc.com/acceptedID](http://www.icbc.com/acceptedID). Adults with temporary documents, and all children, do not have to attend an ICBC driver licensing office. They will be mailed a non-photo BC Services Card.

**Accepted Identification (ID)**

If you are applying for MSP, you will need to include copies of ID with this form. The ID you include with this form must show full legal name and legal status in Canada for everyone on this form. If you do not have one of these IDs, contact Health Insurance BC (HIBC).

Canadian Citizens	Permanent Residents	Temporary Document Holders
<ul style="list-style-type: none"><li>• Canadian birth certificate</li><li>• Canadian Citizenship Card (front and back)</li><li>• Certificate of Canadian Citizenship (front and back)</li><li>• Canadian passport</li><li>• First Nations status card</li><li>• Métis status card</li></ul>	<ul style="list-style-type: none"><li>• Record of Landing</li><li>• Confirmation of Permanent Residence</li><li>• Permanent resident card (front and back)</li></ul>	<ul style="list-style-type: none"><li>• Study permit</li><li>• Work permit (Working Holiday permit must include a letter of employment)</li><li>• Visitor permit (accompanying spouse or child)</li></ul>

If a name on this form is different from the name on the ID, submit a copy of a marriage certificate, divorce decree, or name change certificate that shows the full legal name.

If your gender is different from that on your ID, submit the appropriate form(s):

- Change of Gender Designation (Adult) - HLTH 509A
- Change of Gender Designation (Minor) - HLTH 509B

**Mailing Your Application Form**

Make sure you have included copies of all required supporting documents.

Make sure you and your spouse (if applicable) have signed and dated page 4 of the application. Send all 4 pages of the form (pages 1-4) regardless of which program(s) you are applying for.

You can also fill out this application online at [gov.bc.ca/AHDC](http://gov.bc.ca/AHDC).



Mail to: Health Insurance BC  
PO Box 9678 Stn Prov Govt  
Victoria BC V8W 9P7

**Questions?**

Call us: (Lower Mainland) 604 683-7151  
(Rest of B.C.) 1 800 663-7100

Website: [www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca)

BRITISH COLUMBIA APPLICATION  
FOR HEALTH AND DRUG COVERAGE

PLEASE PRINT IN CAPITAL LETTERS ONLY

1 2 3 4 A B C D

B.C. residents can apply for one, two or three programs on this form: Medical Services Plan (MSP), Fair PharmaCare, and Supplementary Benefits. To apply for Fair PharmaCare and/or Supplementary Benefits, you must either already be enrolled in MSP or use this application to enrol in MSP at the same time. For more information, visit [gov.bc.ca/AHDC](http://gov.bc.ca/AHDC).

## SECTION 1: INDICATE WHICH PROGRAMS YOU ARE APPLYING FOR AND COMPLETE THE SECTIONS FOR EACH PROGRAM AS INSTRUCTED

I am **not** enrolled in MSP and I am applying for:

- ☐ All three programs: Complete all 6 sections
- ☐ MSP and Fair PharmaCare: Complete sections 1, 2, 3, 4 and 6
- ☐ MSP and Supplementary Benefits: Complete sections 1, 2, 3, 5 and 6
- ☐ MSP: Complete sections 1, 2, 3 and 6

I **am** enrolled in MSP and I am applying for:

- ☐ Fair PharmaCare and Supplementary Benefits: Complete sections 1, 2, 4, 5 and 6
- ☐ Fair PharmaCare: Complete sections 1, 2, 4 and 6
- ☐ Supplementary Benefits: Complete sections 1, 2, 5 and 6

## SECTION 2: PROVIDE INFORMATION FOR YOU AND YOUR SPOUSE AND CHILD(REN), IF APPLICABLE

GEN

## APPLICANT INFORMATION

Applicant Legal Last Name		Applicant Legal First Name		Applicant Legal Second Name		Gender
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="radio"/> M <input type="radio"/> F <input type="radio"/> X
Birthdate (MM / DD / YYYY)		Telephone Number		PHN		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Current Residential Address		Apt/Suite #	City	Prov	Postal Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	B C	<input type="text"/>	
Mailing Address (if different from Residential Address)		Apt/Suite #	City	Prov	Postal Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## SPOUSE INFORMATION

Spouse Legal Last Name		Spouse Legal First Name		Spouse Legal Second Name		Gender
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="radio"/> M <input type="radio"/> F <input type="radio"/> X
Birthdate (MM / DD / YYYY)		If your spouse is enrolled, or was previously enrolled, in MSP, provide their PHN		PHN		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

## CHILD INFORMATION

CHILD 1						
Child Legal Last Name		Child Legal First Name		Child Legal Second Name		Gender
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="radio"/> M <input type="radio"/> F <input type="radio"/> X
Birthdate (MM / DD / YYYY)		If this child is enrolled, or was previously enrolled, in MSP, provide their PHN		PHN		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
CHILD 2						
Child Legal Last Name		Child Legal First Name		Child Legal Second Name		Gender
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="radio"/> M <input type="radio"/> F <input type="radio"/> X
Birthdate (MM / DD / YYYY)		If this child is enrolled, or was previously enrolled, in MSP, provide their PHN		PHN		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

☐ To add more children, attach a sheet with their name, gender, birthdate, and PHN as per above. If you are applying for MSP, also include residency information as shown on p. 2.



## SECTION 3: MSP ENROLMENT

MSP

## IMPORTANT INFORMATION

It is recommended that you submit this form as soon as you arrive in B.C. MSP usually begins after a wait period consisting of the balance of the month you move (or return) to B.C. plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility may be affected.

Most adults must go to an ICBC driver licensing office to complete MSP enrolment and obtain a photo BC Services Card. ICBC accepts different ID from the ID listed above. Check which ID they accept at [www.icbc.com/acceptedID](http://www.icbc.com/acceptedID). Book an appointment at [www.icbc.com/appointment](http://www.icbc.com/appointment). Adults with temporary documents, and all children, do not have to attend an ICBC licensing office. They will be mailed a non-photo BC Services Card.

To request retroactive enrolment, contact HIBC. Inform HIBC immediately if you change your address or name, or if you are no longer a B.C. resident.

This information is subject to change including if the *Medicare Protection Act* and Regulations and the *Hospital Insurance Act* and Regulations change. If the information here is different from legislation, the legislation prevails.

## RESIDENCY INFORMATION

Since your move to B.C. have you or any family members been outside of B.C. for more than 30 days? ☐ Yes (Complete below or attach a sheet with details) ☐ No (Continue to next question)

Departure Date (MM / DD / YYYY)

Return Date (MM / DD / YYYY)

Family Member Name, Reason for Departure and Location

Will you or any family member be away from B.C. for more than 30 days in total in the next 6 months? ☐ Yes ☐ No  
If Yes, a letter outlining your dates of departure and return, destination and the reason for your absence is required.

Are you a full-time student?

☐ Yes ☐ No

If Yes, will you reside in B.C. on completion of your studies?

☐ Yes ☐ No

Is the applicant or spouse an active member of the Canadian Forces? ☐ Applicant ☐ Spouse

Has the applicant or spouse been released from the Canadian Forces or an institution? ☐ Applicant ☐ Spouse

Discharge Date (MM / DD / YYYY)

## APPLICANT

Provide a photocopy of one of the following accepted ID indicating your status in Canada:

☐ Canadian birth certificate ☐ Canadian Citizenship Card (front and back) ☐ Cert. of Canadian Citizenship (front and back) ☐ Canadian passport ☐ First Nations status card ☐ Métis status card  
☐ Record of Landing ☐ Confirmation of Permanent Residence ☐ Permanent resident card (front and back) ☐ Study permit ☐ Work permit ☐ Visitor permit

Have you lived in B.C. since birth?

☐ Yes ☐ No (If No, provide details)

Most Recent Move to B.C. →

(MM / DD / YYYY)

Most Recent Move to Canada (if within past 12 months) →

(MM / DD / YYYY)

Is this a permanent move? (A permanent move means that you intend to make B.C. your primary residence for 6 months or longer)  
☐ Yes ☐ No

Province or Country Moved From

Previous Health Number

## SPOUSE

Provide a photocopy of one of the following accepted ID indicating your spouse's status in Canada:

☐ Canadian birth certificate ☐ Canadian Citizenship Card (front and back) ☐ Cert. of Canadian Citizenship (front and back) ☐ Canadian passport ☐ First Nations status card ☐ Métis status card  
☐ Record of Landing ☐ Confirmation of Permanent Residence ☐ Permanent resident card (front and back) ☐ Study permit ☐ Work permit ☐ Visitor permit

Has your spouse lived in B.C. since birth?

☐ Yes ☐ No (If No, provide details)

Most Recent Move to B.C. →

(MM / DD / YYYY)

Most Recent Move to Canada (if within past 12 months) →

(MM / DD / YYYY)

Is this a permanent move? (A permanent move means that your spouse intends to make B.C. their primary residence for 6 months or longer)  
☐ Yes ☐ No

Province or Country Moved From

Previous Health Number

## CHILD 1

Provide a photocopy of one of the following accepted ID indicating your child's status in Canada:

☐ Canadian birth certificate ☐ Canadian Citizenship Card (front and back) ☐ Cert. of Canadian Citizenship (front and back) ☐ Canadian passport ☐ First Nations status card ☐ Métis status card  
☐ Record of Landing ☐ Confirmation of Permanent Residence ☐ Permanent resident card (front and back) ☐ Study permit ☐ Work permit ☐ Visitor permit

Has your child lived in B.C. since birth?

☐ Yes ☐ No (If No, provide details)

Most Recent Move to B.C. →

(MM / DD / YYYY)

Most Recent Move to Canada (if within past 12 months) →

(MM / DD / YYYY)

Is this a permanent move? (A permanent move means that your child intends to make B.C. their primary residence for 6 months or longer)  
☐ Yes ☐ No

Province or Country Moved From

Previous Health Number

## CHILD 2

Provide a photocopy of one of the following accepted ID indicating your child's status in Canada:

☐ Canadian birth certificate ☐ Canadian Citizenship Card (front and back) ☐ Cert. of Canadian Citizenship (front and back) ☐ Canadian passport ☐ First Nations status card ☐ Métis status card  
☐ Record of Landing ☐ Confirmation of Permanent Residence ☐ Permanent resident card (front and back) ☐ Study permit ☐ Work permit ☐ Visitor permit

Has your child lived in B.C. since birth?

☐ Yes ☐ No (If No, provide details)

Most Recent Move to B.C. →

(MM / DD / YYYY)

Most Recent Move to Canada (if within past 12 months) →

(MM / DD / YYYY)

Is this a permanent move? (A permanent move means that your child intends to make B.C. their primary residence for 6 months or longer)  
☐ Yes ☐ No

Province or Country Moved From

Previous Health Number

IF ANY OF THE CHILDREN ABOVE ARE DEPENDENT POST-SECONDARY STUDENTS, 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

If School is Outside B.C., Original Departure Date

☐ If there is more than one dependent post-secondary student, attach a sheet with their legal name; school name and address; and dates of studies as per above.

## SECTION 4: FAIR PHARMACARE

FPC

## IMPORTANT INFORMATION

Fair PharmaCare coverage is based on your family income from two years ago (a family can be a single individual). You must sign the consent statement in section 6 of this form to allow PharmaCare to verify your income with the CRA. Until it is verified, you will have temporary coverage based on the financial information entered in this section. Once verified, you will receive a letter with your deductible and family maximum for the current year. These will be reset every January.

If you and/or your spouse did not file taxes with the CRA two years ago, do so as soon as possible. If you and/or your spouse were not able to file taxes with the CRA two years ago (because you did not live in Canada, were a minor, or were exempt from filing taxes), please contact HIBC. If we are not able to verify your income or you do not provide your consent, you will not receive coverage based on your income.

If you are enrolling in MSP at the same time, your Fair PharmaCare coverage will be active once your MSP enrolment is complete.

Please note that a child can only be on one parent's Fair PharmaCare account.

## SOCIAL INSURANCE NUMBER

Applicant SIN

Spouse SIN

If you are applying for Fair PharmaCare, provide your and (if applicable) your spouse's SIN here.

## FINANCIAL INFORMATION

Applicant: Tax Year

Net Income

RDSP (if applicable)

Spouse: Tax Year

Net Income

RDSP (if applicable)

Your net income is Line 23600 of your CRA Notice of Assessment(s) (NOA). Your Registered Disability Savings Plan (RDSP) income is Line 12500. If your spouse is not eligible or does not want to register, or lives outside of B.C., you must still include their income on this form. If they do not live in B.C., they are not eligible for Fair PharmaCare. If they later move to B.C., please inform HIBC.

## SECTION 5: SUPPLEMENTARY BENEFITS

SB

## IMPORTANT INFORMATION

**Eligibility for Supplementary Benefits will be impacted** if you marry or begin living in a marriage-like relationship.

## SOCIAL INSURANCE NUMBER

Applicant SIN

Spouse SIN

If you are applying for Supplementary Benefits, provide your and (if applicable) your spouse's SIN here.

## FINANCIAL INFORMATION

## TAX YEAR

You must include a photocopy of your most recent Notice of Assessment (NOA) or Notice of Reassessment (NORA) (and your spouse's, if applicable). Ensure the applicable name, tax year and tax return line 23600 (net income) are included for the tax year indicated.

This information is from  
NOA(s)/NORA(s) for the tax year:

## NET INCOME

Found on line 23600 of the CRA NOA or NORA.

1 Enter your net income (if negative, enter 0)

2 Enter the net income of your spouse (if negative, enter 0)

3 TOTAL NET INCOME (add lines 1 and 2)

## DEDUCTIONS ALLOWED BY MSP

**UNIVERSAL CHILD CARE BENEFIT:** If your NOA or NORA indicates a retroactive Universal Child Care Benefit (UCCB) payment (line 11700), HIBC will assess a deduction to your Adjusted Net Income.

**CHILDREN:** Claim \$3,000 for each minor (under 19 years of age) or dependent post-secondary student included under your MSP coverage.

**DISABILITY:** If you claimed a disability on your income tax return for yourself, your spouse, or a minor or dependent post-secondary student included under your MSP coverage, claim \$3,000 for each person with a disability. Note: If your disability claim does not appear in the NOA/NORA submitted, provide a letter from CRA showing eligibility for the applicable tax year. If you claimed attendant or nursing home expenses in place of disability, enclose photocopies of receipts.

4 SPOUSE – claim \$3,000

5 If you are 65 or older, claim \$3,000

6 If your spouse is 65 or older, claim \$3,000

CHILDREN \_\_\_\_\_ X \$3,000 =

number of minors/dependent post-secondary students

minus one half of the child care expenses claimed on your  
(or your spouse's) income tax return (1/2 of line 21400)

7 Difference (if a negative number, enter 0)



8 DISABILITY \_\_\_\_\_ X \$3,000 =

number of individuals with a disability on account

9 Registered Disability Savings Plan income reported on your  
(and/or your spouse's) income tax return (line 12500)

10 TOTAL DEDUCTIONS (add lines 4 to 9)

## ADJUSTED NET INCOME

The net income from your NOA/NORA minus above deductions allowed by MSP.

11 ADJUSTED NET INCOME (subtract line 10 from line 3)

**Note:** If this amount is \$42,000 or less, you may be eligible for Supplementary Benefits.

## SECTION 6: SIGNATURE(S) TO AUTHORIZE, DECLARE, AND/OR PROVIDE CONSENT

## IMPORTANT INFORMATION

You and your spouse (if applicable) must read and sign the declaration, authorization and/or consent statements for the programs that you are applying for. Information you provide on this form will be shared between the programs that you are applying for.

**Do not change text, cross out text, or add comments.**

## MSP

I have received information about MSP. I 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 authorize the Ministry of Health and the Medical Services Commission 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 and the Medical Services Commission for the purposes of assessing eligibility for, and in regard to the administration of, MSP and other Ministry of Health and the Medical Services Commission publicly funded health care programs.

I declare that all information provided is true and I understand that the Ministry of Health and the Medical Services Commission and/or HIBC 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.

## FAIR PHARMACARE

I consent to allow the Canada Revenue Agency to release information from my income tax returns and other required taxpayer information to the BC Ministry of Health, and Health Insurance BC as a provider of Fair PharmaCare enrolment services for the Ministry of Health.

The information provided will be used to determine, verify and administer my and/or my family's initial and ongoing Fair PharmaCare Plan coverage.

I understand my information will be collected, used and disclosed in accordance with the *Pharmaceutical Services Act* and the *Freedom of Information and Protection of Privacy Act*.

This consent is valid for the two taxation years before the year in which I sign this document, for the year in which I sign it and for each following taxation year in which I and/or my family remain enrolled in the Fair PharmaCare Plan.

I understand that I can withdraw this consent at any time by writing to Health Insurance BC, PO Box 9655 Stn Prov Govt, Victoria BC V8W 9P2.

I also understand that if I withdraw my consent, my Fair PharmaCare deductible may be set to the highest amount.

## SUPPLEMENTARY BENEFITS

I am a resident of British Columbia as defined by the *Medicare Protection Act*. I have resided in Canada as a Canadian citizen or holder of permanent resident status (landed immigrant) for at least the last 12 months immediately preceding this application. I am not exempt from liability to pay income tax by reason of any other Act.

I consent to the release of information from my income tax returns and other taxpayer information, by the CRA to the Ministry of Health and/or HIBC. The information obtained will be relevant to and used for the purpose of determining and verifying my initial and ongoing entitlement to the Supplementary Benefits Program under the *Medicare Protection Act*, and will not be disclosed to any other party.

This authorization is valid for the taxation year prior to the signature of this application, the year of the signature, and for each subsequent consecutive taxation year for determining Supplementary Benefits. It may be revoked by sending a written notice to HIBC.

## SIGNATURES

☐ If someone with power of attorney or other legal representation agreement is signing this form on your behalf, check this box and include a copy of the agreement. The Ministry of Health may forward a copy of the agreement to the CRA if they request it, if you are applying for MSP and/or Fair PharmaCare.

Applicant Name (Print)

Applicant Signature

Date Signed (MM / DD / YYYY)



--	--	--	--	--	--	--	--	--	--

Spouse Name (Print)

Spouse Signature

Date Signed (MM / DD / YYYY)



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## COLLECTION AND USE OF PERSONAL INFORMATION

Your personal information is collected by the Ministry of Health under the authority of sections 26(a) and (c) of the *Freedom of Information and Protection of Privacy Act* (FIPPA). It is collected for the purpose of administering Medical Services Plan and Supplementary Benefits under the *Medicare Protection Act*, and to determine, verify and administer your and your family's Fair PharmaCare coverage under the *Pharmaceutical Services Act*. If you have questions about the collection of personal information on this form, contact the HIBC Chief Privacy Officer at PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3; or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll free).