

Residents of BC are required, by law, to enrol themselves and to enrol their spouse and children who are residents of BC.

The BC Services Card provides access to insured provincial health care benefits for eligible BC residents. If adding a spouse who is a new or returning adult resident, the spouse should first visit an Insurance Corporation of BC (ICBC) driver licensing office to begin a BC Services Card request. You can book an appointment to visit an ICBC driver licensing office at a location and time that suits you. For more information, please visit www.icbc.com/appointment. After the spouse has visited an ICBC driver licensing office, submit this Group Change Request form.

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 for at least 6 months in a calendar year, or a shorter prescribed period, 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	B	C	D
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PLEASE USE
CAPITAL LETTERS ONLY

1 CHANGE REQUEST – MARK ALL THAT APPLY

- ☐ CHANGE/CORRECT ACCOUNT HOLDER'S INFORMATION – Complete sections 2 (with new/correct information) and 4, and take this form to your Group Administrator to authorize (section 5). Legal documents are required for MSP to confirm a change or correction.
- ☐ CHANGE ADDRESS INFORMATION – Complete sections 2, 3, 4 and take this form to your Group Administrator to authorize.
- ☐ ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A SPOUSE – Complete sections 2 and 7. If you are adding a spouse, complete section 9. Take this form to your Group Administrator to authorize.
- ☐ ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A CHILD – Complete sections 2 and 8. If you are adding a spouse, complete section 9. Take this form to your Group Administrator to authorize.
- ☐ CHANGE GROUP PLAN INFORMATION (GROUP ADMINISTRATOR USE ONLY) – Complete sections 2, 5 and 6.

2 ACCOUNT HOLDER INFORMATION – THIS SECTION MUST BE COMPLETED

ACCOUNT HOLDER LEGAL LAST NAME										ACCOUNT HOLDER LEGAL FIRST NAME										ACCOUNT HOLDER LEGAL SECOND NAME									
PERSONAL HEALTH NUMBER (PHN)					BIRTHDATE (MM / DD / YYYY)					GENDER		DAYTIME TELEPHONE NUMBER																	
										<input type="checkbox"/> M <input type="checkbox"/> F																			

3 ADDRESS CHANGE - PLEASE PROVIDE NEW ADDRESS INFORMATION

RESIDENTIAL ADDRESS	CITY	PROV	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)	CITY	PROV	POSTAL CODE

4 AUTHORIZATION – MUST BE SIGNED (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)

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, and 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 and/or Health Insurance BC 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 ACCOUNT HOLDER	SIGNATURE OF ACCOUNT HOLDER'S SPOUSE	DATE SIGNED (MM / DD / YYYY)

5 GROUP ADMINISTRATOR – AUTHORIZATION REQUIRED

GROUP NUMBER <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	AUTHORIZATION NAME OR STAMP
SPOUSE EFFECTIVE DATE, IF APPLICABLE (MM / DD / YYYY) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	

6 CHANGE GROUP PLAN INFORMATION

<p>OLD DEPT / PAYLIST NUMBER</p> <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <div style="position: absolute; bottom: 0; left: 0; right: 0; border-top: 1px solid black; height: 5px;"></div> </div>	<p>OLD EMPLOYEE / PENSION NUMBER</p> <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <div style="position: absolute; bottom: 0; left: 0; right: 0; border-top: 1px solid black; height: 5px;"></div> </div>
<p>NEW DEPT / PAYLIST NUMBER</p> <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <div style="position: absolute; bottom: 0; left: 0; right: 0; border-top: 1px solid black; height: 5px;"></div> </div>	<p>NEW EMPLOYEE / PENSION NUMBER</p> <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <div style="position: absolute; bottom: 0; left: 0; right: 0; border-top: 1px solid black; height: 5px;"></div> </div>

Personal information is collected under the authority of the *Medicare Protection Act* and section 26 (a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act* for the purposes of administration of the Medical Services Plan. If you have any questions about the collection and use of your personal information, please contact the Health Insurance BC Chief Privacy Office at Health Insurance BC, Chief Privacy Officer, PO Box 9035 STN PROV GOV'T, Victoria, BC V8W 9E3 or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll-free).

7 SPOUSE

SPOUSE means a resident of BC 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.

SPOUSE LEGAL LAST NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	SPOUSE LEGAL FIRST NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	SPOUSE LEGAL SECOND NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
PERSONAL HEALTH NUMBER (PHN) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	BIRTHDATE (MM / DD / YYYY) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	GENDER <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">F</div> </div>

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7 SPOUSE (CONTINUED)

☐ CHANGE/CORRECT SPOUSE'S INFORMATION

LEGAL DOCUMENTS ARE REQUIRED FOR MSP TO CONFIRM A CHANGE OR CORRECTION. **PROVIDE PHOTOCOPY OF APPLICABLE DOCUMENT**; E.G. PROOF OF STATUS IN CANADA (SEE BELOW) OR MARRIAGE/CHANGE OF NAME CERTIFICATE.

☐ ADD SPOUSE TO PLAN: COMPLETE STEPS 1 AND 2, SUBMIT COPIES OF DOCUMENTS AS REQUIRED. If legal name does not match, include copy of marriage/change of name certificate, etc.

1. SPOUSE ENROLMENT IN MSP:

- ☐ A. My spouse is currently enrolled in MSP (go to Step 2); OR
- ☐ B. My spouse is not currently enrolled in MSP (indicate their status in Canada below and submit copies of the required documents to verify identity and citizenship status, then go to Step 2):
- ☐ CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport
- ☐ HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence
- ☐ OTHER – Work or Study Permit, etc.

2. ADDITIONAL DETAILS:

MARRIAGE DATE (MM / DD / YYYY)	SPOUSE'S PREVIOUS LAST NAME (IF APPLICABLE)		
<div></div>			
HAS SPOUSE LIVED IN BC SINCE BIRTH?	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, MOST RECENT MOVE TO BC →	<div></div>	
IS THIS A PERMANENT MOVE?	REG. # OF MEDICAL PLAN IN PREVIOUS PLACE OF RESIDENCE		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<div></div>		

☐ REMOVE SPOUSE FROM PLAN: COMPLETE STEPS 1 AND 2, SUBMIT COPIES OF DOCUMENTS AS REQUIRED.

1. INDICATE ONE OF THE FOLLOWING

- ☐ A. I am removing a spouse but we are still married or living in a marriage-like relationship (go to Step 2); OR
- ☐ B. I am removing a spouse who has died (go to Step 2); OR
- ☐ C. I am removing a spouse following a divorce or separation (indicate below):
- ☐ My former spouse has moved permanently from British Columbia (go to Step 2); OR
- ☐ My former spouse is still a resident of British Columbia or I do not know my former spouse's current address (submit a photocopy of one of the supporting documents indicated below, then go to Step 2):
- ☐ Divorce decree (if formerly married)
- ☐ Separation agreement (formerly married or common-law)
- ☐ Notarized statement or affidavit (signed by at least one spouse) (formerly married or common-law)
- ☐ Statement dated and signed by you and/or your spouse including:
- the date of your divorce or separation
 - full names of you and your former spouse
 - your former spouse's current address, or an indication that the address is unknown
 - Account Numbers or PHNs for you and your spouse.

2. CANCELLATION DETAILS:

CANCELLATION DATE (MM / DD / YYYY)	REASON FOR CANCELLATION	
<div></div>	<div></div>	
SPOUSE'S MAILING ADDRESS	<input type="checkbox"/> UNKNOWN	
<div></div>		
CITY	PROV	POSTAL CODE
<div></div>	<div></div>	<div></div>

8 CHILD

CHILD means a BC resident 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, does not have a spouse, and is supported by the beneficiary.

CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	CHILD LEGAL SECOND NAME
<div></div>	<div></div>	<div></div>
PERSONAL HEALTH NUMBER (PHN)	BIRTHDATE (MM / DD / YYYY)	GENDER
<div></div>	<div></div>	<input type="checkbox"/> M <input type="checkbox"/> F

☐ IF YOU ARE ADDING, REMOVING OR CHANGING INFORMATION FOR MORE THAN ONE CHILD, MARK THE BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION.

☐ CHANGE/CORRECT CHILD'S INFORMATION

LEGAL DOCUMENTS ARE REQUIRED FOR MSP TO CONFIRM A CHANGE OR CORRECTION. **PROVIDE PHOTOCOPY OF APPLICABLE DOCUMENT**; e.g., PROOF OF STATUS IN CANADA (SEE BELOW) OR CHANGE OF NAME CERTIFICATE.

☐ REMOVE CHILD FROM PLAN

CANCELLATION DATE (MM / DD / YYYY)	REASON FOR CANCELLATION		
<div></div>	<div></div>		
CHILD'S CURRENT MAILING ADDRESS	CITY	PROV	POSTAL CODE
<input type="checkbox"/> UNKNOWN <div></div>	<div></div>	<div></div>	<div></div>

☐ ADD CHILD TO PLAN

PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS (DO NOT SEND ORIGINALS). IF LEGAL NAME DOES NOT MATCH, INCLUDE COPY OF CHANGE OF NAME CERTIFICATE, ETC.

→ STATUS IN CANADA (MARK ONE – ☒)

REQUESTED EFFECTIVE DATE (MM / DD / YYYY)	IF CHILD IS NEWLY ADOPTED, INDICATE DATE OF ADOPTION →	(MM / DD / YYYY)	ENCLOSE PROOF OF ADOPTION
<div></div>	<div></div>	<div></div>	<div></div>
HAS CHILD LIVED IN BC SINCE BIRTH?	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY)	IS THIS A PERMANENT MOVE?
<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, MOST RECENT MOVE TO BC →	<div></div>	<input type="checkbox"/> YES <input type="checkbox"/> NO

☐ CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport

☐ HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence

☐ OTHER – Work or Study Permit, etc.

IF THE ABOVE CHILD IS A DEPENDENT POST-SECONDARY STUDENT, PLEASE ALSO COMPLETE THE SECTION BELOW.

DEPENDENT POST-SECONDARY STUDENT means a BC resident who is older than 18 and younger than 25 years of age, in full-time attendance at a recognized post-secondary institution, and supported by a parent or person who stands in place of the person's parent. A dependent post-secondary student may include a student enrolled in full-time studies at an accredited trade school, technical school or high school.

SCHOOL NAME AND FULL ADDRESS		
<div></div>		
DATE STUDIES BEGIN (MM / DD / YYYY)	DATE STUDIES END (MM / DD / YYYY)	ORIGINAL DEPARTURE DATE (MM / DD / YYYY)*
<div></div>	<div></div>	<div></div>

*Residents who leave BC temporarily to attend school or university may be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at a recognized educational facility.

9 ADDITIONAL REQUIRED INFORMATION – FAILURE TO PROVIDE THIS INFORMATION MAY AFFECT ELIGIBILITY FOR BENEFITS

HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL IN THE PAST 12 MONTHS? ☐ YES ☐ NO IF YES, PROVIDE DETAILS BELOW.

WILL YOU OR ANY FAMILY MEMBER BE OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT 6 MONTHS? ☐ YES ☐ NO IF YES, PROVIDE DETAILS BELOW.

DEPARTURE DATE (MM / DD / YYYY)	RETURN DATE (MM / DD / YYYY)	FAMILY MEMBER NAME, REASON FOR DEPARTURE AND LOCATION
<div></div>	<div></div>	<div></div>

IF ANYONE LISTED IS AN ACTIVE MEMBER OF, OR HAS BEEN RELEASED FROM, THE CANADIAN ARMED FORCES, RCMP OR AN INSTITUTION, PROVIDE NAME AND, IF APPLICABLE, DISCHARGE DATE:

NAME	(MM / DD / YYYY)
<div></div>	<div></div>