



INFORMATION ON ESTABLISHING A NEW GROUP PLAN

Residents of British Columbia are required, by law, to enrol themselves and their family members with the Medical Services Plan (MSP).

Many employers, unions, pension plans, etc., administer a group plan for their members. It is not, however, mandatory to do so.

Terms and Conditions

If you want to administer MSP benefits for your members, please follow the steps outlined below:

1. Complete and sign a Third Party Registration form. Incomplete forms will be returned.
2. Have each employee (minimum of two required) complete an Application for Group Enrolment, paying particular attention to the residency requirements for benefits. The *STATUS IN CANADA* section must be completed for all persons listed on the application.
3. Submit the above to Health Insurance BC (HIBC), **to the attention of New Company Registration.**

When the above-mentioned are received and approved, HIBC will assign you a group number. We will send out a letter confirming registration, along with information on how to access the Group Procedure Guide and Group Forms online at www.hibc.gov.bc.ca.

Each month HIBC will send notification if there is any change to the individuals or families enrolled under your group plan.

Your group plan administrator is responsible for notifying HIBC of any changes to those covered under the group plan and HIBC assumes no responsibility for the failure of the administrator to do so. To retain eligibility, a minimum of two contracts (members with active MSP coverage, who are not in the same family structure) must be maintained at all times.

After you are registered we recommend that you sign up for *MSP Direct* (www.gov.bc.ca/mspdirect) a business service that allows group administrators to make on-line adjustments on behalf of their members.

If at a future date you decide to cancel the group plan, please refer to the [HLTH 295 Group Termination Form](#) for more information. Complete, sign, and submit the form to HIBC at least 90 days before the requested cancel date.



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 Office, PO Box 9035 STN PROV GOVT, Victoria, BC V8W 9E3 or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll-free).

GROUP INFORMATION

Form with fields: LEGAL NAME OF CORPORATION, COMPANY OR PROPRIETOR; DOING BUSINESS AS (IF DIFFERENT FROM LEGAL NAME); MAILING ADDRESS; POSTAL CODE; TELEPHONE NO. (INCLUDE AREA CODE); FAX NO. (INCLUDE AREA CODE); CONTACT PERSON; BRITISH COLUMBIA COMPANY REGISTRATION NO.; A PHOTOCOPY OF THE CERTIFICATE OF INCORPORATION / REGISTRATION / EXTRA-PROVINCIAL REGISTRATION MUST BE SENT.; GROUP MEDICAL BENEFITS ARE TO BEGIN ON THE FIRST DAY OF (MM/YYYY); NUMBER OF APPLICATIONS ENCLOSED (MINIMUM OF 2 REQUIRED); EMAIL ADDRESS; TELEPHONE #

ACCOUNT CHANGE INFORMATION

Form with sections: SUMMARY OF ACCOUNT CHANGES TO BE PRINTED WITH EMPLOYEES LISTED (check one); SUMMARY OF ACCOUNT CHANGES TO BE SORTED BY DEPARTMENT NUMBER; IF THE NAME OF YOUR COMPANY CHANGES, NOTIFY HEALTH INSURANCE BC AND PROVIDE A PHOTOCOPY OF THE CERTIFICATE OF CHANGE OF NAME WITHIN 14 DAYS OF THE CHANGE.

AUTHORIZATION

This section is to be completed by a duly authorized officer or representative of the applicant.
List of declarations:
- I declare that I am an officer or representative of the applicant duly authorized to make application to the Medical Services Plan on the applicant's behalf to be registered as a prepaid plan.
- I agree to abide by the terms and conditions of the Medical Services Plan as provided in the Medicare Protection Act.
- I declare that all information provided on this form is correct and understand that the Ministry of Health and/or Health Insurance BC may verify this information with public authorities, agencies and persons as appropriate. If this information changes, Health Insurance BC will be notified within 14 days.
- This agreement shall remain in effect until Health Insurance BC receives written notification to cancel the company account.
Table with fields: NAME (please print), OFFICIAL TITLE, SIGNATURE, DATE SIGNED