

## APPLYING FOR MSP

This page is a reference document to help you apply for the Medical Services Plan. MSP is the provincial health insurance program that covers health care benefits for BC residents. If you are a BC resident, by law you must enrol. You also must enrol your spouse and any children who are BC residents.

First Nations people in BC should apply through the First Nations Health Authority at [www.fnha.ca/benefits/eligibility-and-msp](http://www.fnha.ca/benefits/eligibility-and-msp).



### Apply online

Did you know you can apply online at [www.gov.bc.ca/msp/applyforhealthcare](http://www.gov.bc.ca/msp/applyforhealthcare)? It takes about 15 minutes and helps you with everything you need to apply.

### Already have an MSP account and want to make changes?

If you already have an MSP account, do not fill out this application to make changes. You can update your address, change your coverage or add a family member online at [www.gov.bc.ca/managingyourmspaccount](http://www.gov.bc.ca/managingyourmspaccount).



### Who qualifies for MSP

To qualify for MSP health care benefits, you must meet BC residency requirements. If you are applying for MSP for your spouse or children who reside in BC, they also must meet these requirements.

BC residency requirements:

- must be a citizen of Canada or lawfully admitted to Canada for permanent residence
- must have a home address in BC
- must be in BC at least 6 months in a calendar year
- must not be a tourist or visitor to BC

Absences from BC:

- you must indicate if you have been absent from BC for more than 30 days in total during the past 12 months (Section 2D, Application for Enrolment)
- if you plan to leave the province for more than 30 days during the next 6 months, include a letter with your planned dates of departure and return, your destination, and reason for your absence: this must be approved before health care benefits will be provided (Section 2E, Application for Enrolment)

A few things to keep in mind:

- use full legal names for everyone on the application
- do not include anyone who is not a BC resident
- do not include anyone other than you, and your spouse and children if they reside in BC
- applicants must be physically in BC when applying for MSP



### Accepted identification

Provide a photocopy of the front and back of one of the following for everyone on the application. It must show both legal name and legal status in Canada. (Section 2A and 3, Application for Enrolment)

#### For Canadian Citizens

- Canadian Birth Certificate
- Canadian Citizenship Card
- Certificate of Canadian Citizenship
- Passport

#### For Permanent Residents

- Permanent Resident Card
- Record of Landing
- Confirmation of Permanent Residence

#### For Temporary Document Holders

- Work Permit
- Study Permit
- Visitor's Permit
- Working Holiday Permit (with letter of employment)
- Other acceptable documentation

If your current legal name does not match the name on your identification, you must provide a copy of one of the following with your legal name:

- a marriage certificate
- a divorce decree
- a legal name change certificate

If you are a convention refugee designated as a permanent resident in Canada, or a group sponsoring them, you must provide photocopies of the front and back of the following documents:

- Confirmation of Permanent Residence
- any other documents provided by Immigration, Refugees and Citizenship Canada



### Mailing your application form

Make sure you have all the information and supporting documents you need. If not, the process might be delayed. Make sure all adult applicants have signed and dated the second page. Send the application within 12 months of signing.

To complete MSP enrolment, you must get a photo BC Services Card. You can get one at an Insurance Corporation of BC (ICBC) driver licensing office. Health Insurance BC and ICBC accept different primary and secondary identification. Before attending ICBC please confirm you have the appropriate identification at [www.icbc.com/acceptedID](http://www.icbc.com/acceptedID).



### IMPORTANT INFORMATION

**EFFECTIVE DATE OF BENEFITS:** New and returning residents must complete a wait period before health care benefits begin. This period is the balance of the month of arrival in BC, plus two months. Submit your application immediately when you arrive in BC. If you apply late, MSP will determine the effective date of your benefits.

**CANCELLATION OF BENEFITS:** Notify Health Insurance BC if you will no longer be a BC resident. You can do this at [www.gov.bc.ca/managingyourmspaccount](http://www.gov.bc.ca/managingyourmspaccount). Make sure you provide your date of departure from BC and your new address. If not, premium invoicing will continue. Not paying your premiums is not considered notification to cancel benefits.

**LEGISLATION:** All information is subject to change in accordance with the *Medicare Protection Act and Regulations* and the *Hospital Insurance Act and Regulations*.



### DEFINITIONS

**ACCOUNT HOLDER** The primary individual associated with an MSP account. For families who pay MSP premiums directly, the Account Holder and other covered individuals are identified on the MSP invoice.

**BENEFICIARY** A BC resident who is enrolled with MSP. This includes the spouse or child if they are residents enrolled with MSP.

**CHILD** A BC resident who is all of the following:

- a minor
- does not have a spouse

**DEPENDENT POST-SECONDARY STUDENT** A BC resident who is all of the following:

- older than 18 and younger than 25 years
- is in full-time attendance at a recognized post-secondary institution (including trade, technical or high schools)
- is supported by a beneficiary (who is the person's parent or who stands in place of the parent)

**PERMANENT MOVE** You intend to make BC your primary residence for 6 months or longer.

**RESIDENT** A person who is all of the following:

- a citizen of Canada or is lawfully admitted to Canada for permanent residence
- makes his or her home in BC
- physically present in BC for at least 6 months in a calendar year (Citizens of Canada or people who are lawfully admitted to Canada for permanent residence may be eligible for an absence from BC of up to 7 months in a calendar year for vacation purposes only)
- not a tourist or a visitor

**SPOUSE** A resident of BC who is either married to or living and cohabiting in a marriage-like relationship with the applicant. (Can be the same gender as the applicant.)



PLEASE PRINT IN CAPITAL LETTERS ONLY

1 2 3 4 A B C D

This form may also be completed and submitted online at www.gov.bc.ca/MSP/applyforhealthcare

To complete MSP enrolment, adult Canadian Citizens and Permanent Residents must obtain a Photo BC Services Card by visiting an Insurance Corporation of BC (ICBC) driver licensing office. To find an ICBC driver licensing office near you, please visit www.icbc.com.

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

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.

1 APPLICANT INFORMATION

Form section 1: APPLICANT INFORMATION. Fields include: APPLICANT LEGAL LAST NAME, APPLICANT LEGAL FIRST NAME, APPLICANT LEGAL SECOND NAME, BIRTHDATE (MM / DD / YYYY), GENDER (M/F), DAYTIME TELEPHONE NUMBER, RESIDENTIAL ADDRESS, CITY, PROV, POSTAL CODE, MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS).

2 RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION

Form section 2: RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION. Section A: STATUS IN CANADA - PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS (DO NOT SEND ORIGINALS). Section B: HAVE YOU HAD MSP COVERAGE PREVIOUSLY? Section C: HAVE YOU LIVED IN BC SINCE BIRTH? Section D: HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE PAST 12 MONTHS? Section E: WILL YOU OR ANY FAMILY MEMBER BE AWAY FROM BC FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT SIX MONTHS? ARE YOU A FULL-TIME STUDENT?

3 SPOUSE AND CHILD INFORMATION

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. 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.

PHOTOCOPIES OF CURRENT CITIZENSHIP/IMMIGRATION DOCUMENTS MUST BE ATTACHED. USE LEGAL NAMES WHEN COMPLETING THIS FORM.

Form section 3: SPOUSE AND CHILD INFORMATION. Fields include: SPOUSE LEGAL LAST NAME, SPOUSE LEGAL FIRST NAME, SPOUSE LEGAL SECOND NAME, GENDER, BIRTHDATE (MM / DD / YYYY), STATUS IN CANADA, PERSONAL HEALTH NUMBER (PHN), HAS SPOUSE LIVED IN BC SINCE BIRTH?, CHILD LEGAL LAST NAME, CHILD LEGAL FIRST NAME, CHILD LEGAL SECOND NAME, GENDER, BIRTHDATE (MM / DD / YYYY), STATUS IN CANADA, PERSONAL HEALTH NUMBER (PHN), HAS CHILD LIVED IN BC SINCE BIRTH?.



### 3 SPOUSE AND CHILD INFORMATION continued

CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	CHILD LEGAL SECOND NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
BIRTHDATE (MM / DD / YYYY)	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport <input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence <input type="checkbox"/> OTHER – Work or Study Permit, etc.		
PERSONAL HEALTH NUMBER (PHN)	HAS CHILD LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, MOST RECENT MOVE TO BC →	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY)    PREVIOUS HEALTH NUMBER

CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	CHILD LEGAL SECOND NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
BIRTHDATE (MM / DD / YYYY)	STATUS IN CANADA <input type="checkbox"/> CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport <input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence <input type="checkbox"/> OTHER – Work or Study Permit, etc.		
PERSONAL HEALTH NUMBER (PHN)	HAS CHILD LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, MOST RECENT MOVE TO BC →	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY)    PREVIOUS HEALTH NUMBER

IF YOU HAVE MORE CHILDREN, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

**IF ANY OF THE CHILDREN ARE DEPENDENT POST-SECONDARY STUDENTS (SEE BELOW), 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 (MM / DD / YYYY)	IF SCHOOL IS OUTSIDE BC, ORIGINAL DEPARTURE DATE (MM / DD / YYYY)

TO ADD MORE DEPENDENT POST-SECONDARY STUDENTS, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

**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.

### 4 PREMIUMS

**Revenue Services of British Columbia issues invoices for MSP premiums on a monthly basis.** Information about premium rates and subsidies can be found on Health Insurance BC's website at [www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca) or on the [Application for Regular Premium Assistance, HLTH 119](#). **PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION.**

### 5 AUTHORIZATION - MUST BE SIGNED BY APPLICANT, AND SPOUSE IF APPLICABLE (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)

I have received information about MSP and 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 understand that the information I have given is collected under the authority of the Medicare Protection Act and section 26(a) and (c) of the Freedom of Information and Protection Act (FIPPA) and the information will be used to assess eligibility for, and to administer, MSP and other Ministry of Health publicly funded health care programs.

I authorize the Ministry of Health 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 for the purposes of assessing eligibility for, and in regard to the administration of, MSP and other Ministry of Health publicly funded health care programs.

I understand that information may be disclosed by the Ministry of Health pursuant to section 33 of FIPPA.

I declare that all information provided is true and I understand that the Ministry of Health 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.

If you have any questions about the collection and use of your personal information, please contact: 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).

SIGNATURE OF APPLICANT	SIGNATURE OF SPOUSE	DATE SIGNED (MM / DD / YYYY)

### 6 IMPORTANT INFORMATION

- **IDENTIFICATION:** You must send with your application: photocopies of documents that support the name and Canadian citizenship or immigration status for all persons listed. Eligibility cannot be determined without this documentation. Canadian citizens and holders of permanent resident status (landed immigrants) returning from the USA may also be asked to provide evidence of having established residence in BC and/or having abandoned their status in the USA. If any person is not enrolling under the name shown on his/her citizenship or immigration document, please also submit a photocopy of a legal document (for example, a marriage or name change certificate) that indicates the name shown on this application.
- **RESIDENCY:** If you expect to leave the province for more than 30 days in total during the next 6 months, a letter outlining your planned dates of departure and return, destination and the reason for your absence is required with this application. Failure to provide this information may affect eligibility for benefits.
- **EFFECTIVE DATE OF BENEFITS:** New and returning residents must complete a wait period before health care benefits begin. Generally, this period is the balance of the month of arrival in BC, plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility may be affected. Applications should be submitted immediately on arrival in BC, not at the end of the wait period. If you apply late, the effective date of benefits will be determined by MSP and may result in premiums being charged retroactively.
- **OUT-OF-PROVINCE STUDENTS:** 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.
- **CANCELLATION OF BENEFITS:** Failure to remit premiums does not constitute notification to cancel benefits. If you will no longer be a resident of BC, you must notify Health Insurance BC that this is the case, and provide your date of departure from the province and your new address; otherwise, premium invoicing may continue.
- **CHANGE OF NAME OR ADDRESS:** Health Insurance BC must be notified immediately of any change of name or address.
- **LEGISLATION:** All information is subject to change in accordance with the *Medicare Protection Act* and Regulations and the *Hospital Insurance Act* and Regulations. If a discrepancy exists between the information Health Insurance BC has provided on this application and the legislation, the legislation will prevail.

Personal information on this form is collected under the authority of the *Medicare Protection Act*. The information will be used to determine residency in BC and determine eligibility for provincial health care benefits. If you have any questions about the collection of this information, contact Health Insurance BC at the address or telephone numbers on page 1. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.