



Retroactive Premium Assistance provides back-dated financial support for payment of MSP premiums, based on adjusted net income for past tax years.

For more information and to apply online, see www.gov.bc.ca/MSP/retropremiumassistance.

Retroactive Premium Assistance is available for up to six years prior to the current year for those on self-administered accounts. If you were covered on a group account during the period you are applying for, contact your group administrator.

To be assessed for Retroactive Premium Assistance, submit this form to Health Insurance BC (HIBC) with a copy of the Notice of Assessment (NOA) or Notice of Reassessment (NORA) from Canada Revenue Agency (CRA) for the applicable tax year. Retroactive Premium Assistance is based on adjusted net income from the previous tax year. Because 2019 was the final year that MSP premiums were charged, your NOA/NORA must be for the tax year 2018 or earlier.

If you are applying for more than one year of Retroactive Premium Assistance: Complete and sign this form, attach copies of NOAs/NORAs and other required documents for all applicable tax years. Ensure the applicable name, tax year and tax return line 236 (net income) are included if printing from the CRA website.

APPLICANT INFORMATION

APPLICANT LEGAL LAST NAME, APPLICANT LEGAL FIRST NAME, APPLICANT LEGAL SECOND NAME

PERSONAL HEALTH NUMBER (PHN), BIRTHDATE (MM / DD / YYYY), DAYTIME TELEPHONE NUMBER

MAILING ADDRESS: APT / UNIT, STREET NUMBER, STREET NAME

CITY, PROVINCE, POSTAL CODE

DECLARATION AND CONSENT - MUST BE SIGNED

- Mark (X) if you were married or living and cohabiting in a marriage-like relationship... Mark (X) if someone has Power of Attorney or another legal representation agreement...

I (applicant) hereby declare that I resided in Canada as a Canadian citizen or holder of permanent resident status (landed immigrant) for at least 12 months immediately preceding the period for which I am applying for Retroactive Premium Assistance.

The information I (applicant and, if applicable, spouse) provide will be relevant to and used solely for the purpose of determining and verifying entitlement to Retroactive Premium Assistance under the Medicare Protection Act, and will not be disclosed to any other party.

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

APPLICANT FIRST INITIAL AND LAST NAME, SPOUSE FIRST INITIAL AND LAST NAME

APPLICANT SOCIAL INSURANCE NUMBER, SPOUSE SOCIAL INSURANCE NUMBER, SPOUSE PERSONAL HEALTH NUMBER (PHN)

GROUP AUTHORIZATION (Required if you were covered on a group account during the period you are applying for)

GROUP NUMBER, AUTHORIZATION NAME OR STAMP

INDICATE THE YEARS YOU ARE AUTHORIZING

This form must be signed. We do not accept unsigned forms. See page 2 for the Adjusted Net Income worksheet.



**FINANCIAL INFORMATION**

Use the latest NOA/NORA available from CRA (tax year 2018 or earlier).

**TAX YEAR**

Include a photocopy of your Notice of Assessment (NOA) or Notice of Reassessment (NORA) (and your spouse's, if applicable) for the tax year indicated. This information is from my NOA/NORA for the tax year:

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Net income is found on line 236 of the CRA Notice of Assessment or Notice of Reassessment.

**NET INCOME**

- 1 Enter your net income (from your Notice of Assessment or Notice of Reassessment) \$  1  
*Note: If net income is a negative number (e.g. - \$2,300.00), enter 0*
- 2 Enter the net income of your spouse \$  2  
*Note: If net income is a negative number (e.g. - \$2,300.00), enter 0*
- 3 TOTAL NET INCOME (add lines 1 and 2) \$  3

Claim deductions based on the tax year for which you are applying for previous year assistance.

**UNIVERSAL CHILD CARE BENEFIT**  
If your NOA or NORA indicates a retroactive Universal Child Care Benefit (UCCB) payment (line 117), 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 (19-24 years of age; may include a student enrolled in full-time studies at a trade school, technical school or high school) included under your MSP coverage.

**DISABILITY**

If you claimed a disability on your income tax return for yourself, or your spouse, minor or dependent post-secondary student included under your MSP coverage, claim \$3,000 for each disabled person. If you claimed attendant or nursing home expenses in place of disability, enclose photocopies of receipts.

**DEDUCTIONS ALLOWED BY THE MEDICAL SERVICES PLAN (MSP)**

- 4 SPOUSE - if you were married or living in a marriage-like relationship, claim \$3,000 \$  4
- 5 If you were 65 or older, claim \$3,000 \$  5
- 6 If your spouse was 65 or older, claim \$3,000 \$  6
- 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 214) - \$
- 7 Difference (if a negative number, enter 0) = \$  ⇔ \$  7
- 8 DISABILITY  x \$3,000 = \$   
number of disabled individuals on account
- Note:** Provide a letter from CRA showing eligibility for the applicable tax year.
- 9 Registered Disability Savings Plan income reported on your (and/or your spouse's) income tax return (line 125) \$  9
- 10 TOTAL DEDUCTIONS (add lines 4 to 9) \$  10

**ADJUSTED NET INCOME**

is net income from your Notice of Assessment or Notice of Reassessment minus above deductions allowed by MSP.

**ADJUSTED NET INCOME**

- 11 ADJUSTED NET INCOME (subtract line 10 from line 3) \$  11

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).