



A child turning 19 years of age may remain on their parent/guardian's MSP account if the child meets the definition of a Dependent post-secondary student.

Dependent post-secondary student: A resident of BC who is:

- older than 18 and younger than 25 years of age;
single (not married or living and cohabiting in a marriage-like relationship);
in full-time attendance at a recognized post-secondary institution; and
supported by a beneficiary who is the person's parent or who stands in place of the person's parent.

Before you submit this form:

- Consider submitting online at www.gov.bc.ca/managingyourmspaccount (See "Maintaining a Child Under Your Account as a Dependent Post-Secondary Student");
Make sure that all applicable fields are filled out completely and the form is signed; and
If you receive MSP coverage through an employer or a group administrator, give the completed form to the group administrator to forward to Health Insurance BC.

COMPLETE AND RETURN THIS FORM TO: Health Insurance BC, PO Box 9035, STN PROV GOVT, Victoria, BC V8W 9E3

STUDENT INFORMATION

To be filled out by student 19-24 years of age.

STUDENT LEGAL LAST NAME, STUDENT LEGAL FIRST NAME, STUDENT LEGAL SECOND NAME, PERSONAL HEALTH NUMBER (PHN), BIRTHDATE (MM / DD / YYYY), DAYTIME TELEPHONE NUMBER

PARENT / LEGAL GUARDIAN INFORMATION

To be filled out with the consent of the parent/ legal guardian. Individuals covered under an MSP Group Plan should advise their Group Administrator they intend to submit this request, and the Group Administrator can provide the applicable information required to fill out this form.

LEGAL LAST NAME, LEGAL FIRST NAME, LEGAL SECOND NAME, DAYTIME TELEPHONE NUMBER, MSP ACCOUNT NUMBER, GROUP NUMBER (IF APPLICABLE)

Parent/Legal Guardian Address

APT / UNIT, STREET NUMBER, STREET NAME, CITY, PROVINCE / STATE, COUNTRY, POSTAL CODE

SCHOOL / UNIVERSITY INFORMATION

NAME OF THE SCHOOL OR UNIVERSITY YOU ATTEND FULL TIME, STREET NUMBER, STREET NAME, CITY, PROVINCE / STATE, COUNTRY, POSTAL CODE, EXPECTED DATE STUDIES WILL END, IF YOU ARE STUDYING OUTSIDE BRITISH COLUMBIA, PROVIDE THE DATE YOU ORIGINALLY LEFT THE PROVINCE TO ATTEND SCHOOL OR UNIVERSITY

IF STUDYING BY CORRESPONDENCE, GIVE COMPLETE DETAILS INCLUDING HOURS SPENT PER WEEK ON COURSE:

Empty box for details on correspondence study.



DECLARATION - MUST BE SIGNED

I certify that all information is correct and that I am a resident of British Columbia. If I am absent from the province, I certify that my absence is temporary and solely for the purpose of attending school or university.

STUDENT SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE IF PERMITTING CONTINUED COVERAGE

DATE SIGNED (MM / DD / YYYY)

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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* (FOIPPA) for the purposes of administration of the Medical Services Plan. Information may be disclosed pursuant to section 33 of FOIPPA. 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).