



A, B, C, D

PLEASE USE CAPITAL LETTERS ONLY

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. To find an ICBC driver licensing office near you, and information about required ID, please visit icbc.com. 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.

1 CHANGE REQUEST

I AM SUBMITTING THIS FORM TO (PLEASE MARK (X) ALL BOXES 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. For example, provide a photocopy of your proof of Status in Canada (see examples on page 2) or marriage/change of name certificate.
CHANGE ADDRESS INFORMATION - Complete sections 2, 3, 4 and take this form to your Group Administrator to authorize (section 5).
ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A SPOUSE - On page 2, complete section 7 and, if you are adding a spouse, section 9. On this page complete sections 2, 4 and take this form to your Group Administrator to authorize (section 5). Provide photocopies of all applicable documents as explained in section 7 on page 2.
ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A CHILD - On page 2, complete section 8 and, if you are adding a child, section 9. On this page complete sections 2, 4 and take this form to your Group Administrator to authorize (section 5). Provide photocopies of all applicable documents as explained in section 8 on page 2.
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

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, AUTHORIZATION NAME OR STAMP

6 CHANGE GROUP PLAN INFORMATION

OLD DEPT / PAYLIST NUMBER, OLD EMPLOYEE / PENSION NUMBER, NEW DEPT / PAYLIST NUMBER, NEW EMPLOYEE / PENSION NUMBER

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 below. 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.



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.
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.

6 SPOUSE

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

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.

REMOVE SPOUSE FROM PLAN

CANCELLATION DATE (MM / DD / YYYY) <input type="text"/>	REASON FOR CANCELLATION <input type="text"/>
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SPOUSE'S CURRENT MAILING ADDRESS UNKNOWN

CITY PROV POSTAL CODE

ADD SPOUSE TO PLAN **PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS** (DO NOT SEND ORIGINALS). IF LEGAL NAME DOES NOT MATCH, INCLUDE COPY OF MARRIAGE / CHANGE OF NAME CERTIFICATE, ETC. → STATUS IN CANADA (MARK ONE -)

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

7 CHILD

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

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

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) <input type="text"/>	REASON FOR CANCELLATION <input type="text"/>
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CHILD'S CURRENT MAILING ADDRESS UNKNOWN

CITY PROV POSTAL CODE

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) <input type="text"/>	IF CHILD IS NEWLY ADOPTED, INDICATE DATE OF ADOPTION → <input type="text"/>	(MM / DD / YYYY) ENCLOSE PROOF OF ADOPTION
HAS CHILD LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, MOST RECENT MOVE TO BC → <input type="text"/>	FROM (PROVINCE OR COUNTRY) <input type="text"/>
		IS THIS A PERMANENT MOVE? <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 (SEE ABOVE), PLEASE ALSO COMPLETE THE SECTION BELOW.

SCHOOL NAME AND FULL ADDRESS

DATE STUDIES WILL BEGIN (MM / DD / YYYY) <input type="text"/>	DATE STUDIES WILL BE FINISHED (MM / DD / YYYY) <input type="text"/>	IF SCHOOL IS OUTSIDE BC, ORIGINAL DEPARTURE DATE (MM / DD / YYYY) <input type="text"/>	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.
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8 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) <input type="text"/>	RETURN DATE (MM / DD / YYYY) <input type="text"/>	FAMILY MEMBER NAME, REASON FOR DEPARTURE AND LOCATION <input type="text"/>
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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)