BRITISH COLUMBIA | Health InsuranceBC

USE CAPITAL LETTERS ONLY

A B C D

MEDICAL SERVICES PLAN (MSP)
ENROLMENT APPLICATION

This application is for registered Status Indians who are assisted by First Nations Health Authority, and must be authorized by the First Nations Health Authority Benefits BC Region Office.

SUBMIT COMPLETED FORM TO THE FIRST NATIONS HEALTH AUTHORITY AT THE ADDRESS LISTED ON PAGE 2, SECTION 4.

NOTE: INCOMPLETE, UNSIGNED OR UNAUTHORIZED FORMS WILL BE RETURNED. Before completing this application, please read **IMPORTANT INFORMATION** on page 2.

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.

BAND NAME | FULL STATUS NUMBER | PERSONAL HEALTH NUMBER (PHN) | GROUP NUMBER 21000

1 APPLICANT INFORMATION

APPLICANT LEGAL LAST NAME | APPLICANT LEGAL FIRST NAME | APPLICANT LEGAL SECOND NAME

As a person must be a resident of BC to qualify for provincial health care benefits, your current **residential** address is required.

BIRTHDATE (MM / DD/ YYYY) | GENDER ☐ M ☐ F | DAYTIME TELEPHONE NUMBER

RESIDENTIAL ADDRESS | CITY | PROV | POSTAL CODE

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) | CITY | PROV | POSTAL CODE

2 RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION

A STATUS IN CANADA - ***PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS FOR EACH PERSON LISTED ON THIS APPLICATION*** (DO NOT SEND ORIGINALS)

☐ 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.

B HAVE YOU HAD MSP COVERAGE PREVIOUSLY? ☐ YES ☐ NO (IF NO, GO TO "**C**") IF YES, PROVIDE → PERSONAL HEALTH NUMBER (PHN)

C HAVE YOU LIVED IN BC SINCE BIRTH? ☐ YES (GO TO "**D**") ☐ NO → MOST RECENT MOVE TO BC → (MM / DD / YYYY) MOST RECENT MOVE TO CANADA (IF DIFFERENT FROM DATE OF MOVE TO BC) → (MM / DD / YYYY)

IS THIS A PERMANENT MOVE? ☐ YES ☐ NO PROVINCE OR COUNTRY MOVED FROM PREVIOUS HEALTH NUMBER

D HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE PAST 12 MONTHS? ☐ YES ☐ NO (IF NO, GO TO "**E**")

DEPARTURE DATE (MM / DD / YYYY) | RETURN DATE (MM / DD / YYYY) | FAMILY MEMBER NAME, REASON FOR DEPARTURE AND LOCATION

E WILL YOU OR ANY FAMILY MEMBER BE AWAY FROM BC FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT SIX MONTHS? ☐ YES ☐ NO
IF YES, SEE **RESIDENCY**, PAGE 2.

ARE YOU A FULL-TIME STUDENT? ☐ YES ☐ NO

IF YES, WILL YOU RESIDE IN BC ON COMPLETION OF YOUR STUDIES? ☐ YES ☐ NO

IF ANYONE LISTED IS AN ACTIVE MEMBER OF, OR HAS BEEN RELEASED FROM, THE CANADIAN FORCES, RCMP OR AN INSTITUTION, PLEASE PROVIDE THE DISCHARGE DATE:

(MM / DD / YYYY)

IS THIS APPLICATION ALSO FOR A SPOUSE OR CHILD? IF YES, PLEASE COMPLETE SECTION 3.

3 SPOUSE AND CHILD INFORMATION (LIST ONLY THOSE ELIGIBLE)

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. IF LEGAL NAME DOES NOT MATCH, INCLUDE COPY OF MARRIAGE OR CHANGE OF NAME CERTIFICATE, ETC.

SPOUSE LEGAL LAST NAME | SPOUSE LEGAL FIRST NAME | SPOUSE LEGAL SECOND NAME

PERSONAL HEALTH NUMBER (PHN) | BIRTHDATE (MM / DD / YYYY) | GENDER ☐ M ☐ F | STATUS INDIAN? ☐ YES ☐ NO | FULL STATUS NUMBER

STATUS IN CANADA *(MARK ONE – X)*

☐ 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.

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.

MARRIAGE DATE (MM / DD / YYYY) | SPOUSE'S PREVIOUS LAST NAME (IF APPLICABLE)

HAS SPOUSE LIVED IN BC SINCE BIRTH? ☐ YES ☐ NO IF NO, MOST RECENT MOVE TO BC → MM / DD / YYYY | FROM (PROVINCE OR COUNTRY)

IS THIS A PERMANENT MOVE? ☐ YES ☐ NO | REG. # OF MEDICAL PLAN IN PREVIOUS PLACE OF RESIDENCE

3 (CONT'D) SPOUSE AND CHILD INFORMATION (LIST ONLY THOSE ELIGIBLE)

CHILD LEGAL LAST NAME | CHILD LEGAL FIRST NAME | CHILD LEGAL SECOND NAME

PERSONAL HEALTH NUMBER (PHN) | BIRTHDATE (MM / DD / YYYY) | GENDER ☐ M ☐ F | STATUS INDIAN? ☐ YES ☐ NO | FULL STATUS NUMBER

STATUS IN CANADA *(MARK ONE – X)*

- ☐ 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.

PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS (DO NOT SEND ORIGINALS). IF LEGAL NAME DOES NOT MATCH, INCLUDE COPY OF CHANGE OF NAME CERTIFICATE, ETC.

HAS CHILD LIVED IN BC SINCE BIRTH? ☐ YES ☐ NO | IF NO, MOST RECENT MOVE TO BC → | MM / DD / YYYY | FROM (PROVINCE OR COUNTRY)

IS THIS A PERMANENT MOVE? ☐ YES ☐ NO | REG. # OF MEDICAL PLAN IN PREVIOUS PLACE OF RESIDENCE

IF CHILD IS NEWLY ADOPTED, INDICATE DATE OF ADOPTION AND ***ENCLOSE PROOF OF ADOPTION*** → | ADOPTION DATE (MM / DD / YYYY)

☐ **IF YOU HAVE MORE THAN ONE CHILD, PLEASE MARK BOX (X), ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION**

IF THE APPLICANT IS THE PARENT OF, OR STANDS IN PLACE OF A PARENT TO A DEPENDENT POST-SECONDARY STUDENT (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. POST-SECONDARY STUDENT MUST SIGN THE INFORMATION IN ORDER TO APPLY FOR ENROLMENT**

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 post-secondary institution approved by the Commission, and supported by a beneficiary who is the person's parent or a person who stands in place of the person's parent.

4 AUTHORIZATION - MUST BE SIGNED BY APPLICANT AND ANY POST-SECONDARY STUDENT APPLYING FOR ENROLMENT (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 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 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.

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

SIGNATURE OF POST-SECONDARY STUDENT | DATE SIGNED (MM / DD / YYYY)

SUBMIT THIS FORM, MARKED CONFIDENTIAL, TO:
First Nations Health Authority, Health Benefits Department, #501 - 100 Park Royal South, West Vancouver BC V7T 1A2

5 FIRST NATIONS HEALTH AUTHORITY AUTHORIZATION – *MUST BE SIGNED BY A FIRST NATIONS HEALTH AUTHORITY REPRESENTATIVE*

FIRST NATIONS HEALTH AUTHORITY AUTHORIZATION

MEDICAL SERVICES BRANCH REPRESENTATIVE

THE ABOVE INFORMATION IS SUPPORTED BY

6 IMPORTANT INFORMATION

For further important information about eligibility for and enrolment in MSP, please visit http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp

To complete MSP enrolment, new and returning adult 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 icbc.com.

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).

PRINT RESET