



INFORMATION ON ESTABLISHING A NEW GROUP PLAN

Residents of British Columbia are required, by law, to enrol themselves and their family members with the Medical Services Plan (MSP).

Many employers, unions, pension plans, etc., administer a group plan for their members. It is not, however, mandatory to do so.

MSP is a prepaid plan with rates that are subject to change. Cost sharing arrangements are a private matter between the employer and the employee. Go to www.gov.bc.ca/msppremiums for current premium rates.

Premium assistance is offered based on financial need to persons who for the last 12 consecutive months, have been resident in Canada and been a Canadian citizen or holder of permanent resident status (landed immigrant). Information about, and applications for, premium assistance are available at the website noted above.

Terms and Conditions

If you want to administer MSP benefits for your members, please follow the steps outlined below:

1. Complete and sign a Third Party Registration form. Incomplete forms will be returned.
2. Have each employee (minimum of two required) complete an Application for Group Enrolment, paying particular attention to the residency requirements for benefits. The *STATUS IN CANADA* section must be completed for all persons listed on the application.
3. Submit the above to Health Insurance BC (HIBC), **to the attention of New Company Registration.**

When the above-mentioned are received and approved, HIBC will assign you a group number. We will send out a letter confirming registration, along with information on how to access the Group Procedure Guide and Group Forms online at www.hibc.gov.bc.ca.

Each month an invoice will be issued showing the current premiums and adjustments, if any, for each applicant listed. Invoices must be paid in full by the due date. Payment can be made by pre-authorized debit, telephone banking, computer banking, regular mail, or in person at your financial institution, or any Government Agent/Services BC Centre. Arrears are subject to interest charges at a rate prescribed by the provincial Treasury Board. There is a service charge for dishonoured cheques.

Your group plan administrator is responsible for notifying HIBC of any changes to those covered under the group plan and HIBC assumes no responsibility for the failure of the administrator to do so. To retain eligibility, a minimum of two members with active MSP coverage, who are not in the same family structure, must be maintained at all times.

After you are registered we recommend that you sign up for *MSP Direct* (www.gov.bc.ca/mspdirect) a business service that allows group administrators to make on-line adjustments on behalf of their members.

Once you have received your first invoice, if you have questions about MSP invoicing or payment options call Revenue Services of British Columbia (RSBC) at 1 877 405-4909.

Note: MSP premiums will be eliminated on January 1, 2020. Monthly premiums prior to that date must be remitted to RSBC. Following premium elimination, any outstanding premium debt will continue to be collected.

If at a future date you decide to cancel the group plan, please refer to the [HLTH 295 Group Termination Form](#) for more information. Complete, sign, and submit the form to HIBC at least 90 days before the requested cancel date.



The information requested below is collected under section 26 (a), (c) and (e) of the Freedom of Information and Protection of Privacy Act and will be used to determine eligibility to establish a group medical plan. If you have any questions about the collection of this information, contact Health Insurance BC at the address and telephone numbers listed.

GROUP INFORMATION

Form with fields: LEGAL NAME OF CORPORATION, COMPANY OR PROPRIETOR; DOING BUSINESS AS (IF DIFFERENT FROM LEGAL NAME); INVOICE ADDRESS; POSTAL CODE; TELEPHONE NO. (INCLUDE AREA CODE); FAX NO. (INCLUDE AREA CODE); CONTACT PERSON; BRITISH COLUMBIA COMPANY REGISTRATION NO.; A PHOTOCOPY OF THE CERTIFICATE OF INCORPORATION / REGISTRATION / EXTRA-PROVINCIAL REGISTRATION MUST BE SENT.; GROUP MEDICAL BENEFITS ARE TO BEGIN ON THE FIRST DAY OF (MM/YYYY); NUMBER OF APPLICATIONS ENCLOSED (MINIMUM OF 2 REQUIRED); EMAIL ADDRESS; TELEPHONE #

INVOICE INFORMATION

Form with fields: INVOICES TO BE PRINTED WITH EMPLOYEES LISTED (check one); INVOICES TO BE SORTED BY DEPARTMENT NUMBER; INVOICES TO BE SUBTOTALLED BY DEPARTMENT NUMBER; DO YOU WANT TO ADMINISTER PREMIUM ASSISTANCE; IF THE NAME OF YOUR COMPANY CHANGES, NOTIFY HEALTH INSURANCE BC AND PROVIDE A PHOTOCOPY OF THE CERTIFICATE OF CHANGE OF NAME WITHIN 14 DAYS OF THE CHANGE.

AUTHORIZATION

This section is to be completed by a duly authorized officer or representative of the applicant.
I declare that I am an officer or representative of the applicant duly authorized to make application to the Medical Services Plan on the applicant's behalf to be registered as a prepaid plan.
I have received and read information regarding MSP, including the sections of the Medicare Protection Act on page 3, and agree to abide by the terms and conditions of MSP.
I declare that all information provided on this form is correct and understand that the Ministry of Health Services and/or Health Insurance BC may verify this information with public authorities, agencies and persons as appropriate. If this information changes, Health Insurance BC will be notified within 14 days.
This agreement shall remain in effect until Health Insurance BC receives written notification to cancel the company account; however, Health Insurance BC reserves the right to suspend this agreement if premiums are not remitted as specified by the Medical Services Commission.
NAME (please print); OFFICIAL TITLE; SIGNATURE; DATE SIGNED