BRITISH COLUMBIA | Health InsuranceBC

MEDICAL SERVICES PLAN (MSP)

GROUP COVERAGE CANCELLATION

TO CANCEL ENTIRE CONTRACT ONLY

PLEASE PRINT IN CAPITAL LETTERS ONLY: 1 2 3 4 A B C D

The personal information you will provide will be collected for the following purposes: **Enrolment in the Medical Services Plan**; and, **Application for a BC Services Card and its authorized programs**. Personal information is collected under the authority of the *Medicare Protection Act* and section 26 (c) of the *Freedom of Information and Protection of Privacy Act* ("FIPPA"). Information may be disclosed pursuant to section 33 of FIPPA. If you have any questions about the collection and use of your personal information, please contact: 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).

TO BE COMPLETED BY COMPENSATION SPECIALIST / PAY OFFICE / PENSION OFFICE

LEGAL LAST NAME | LEGAL FIRST NAME | LEGAL SECOND NAME

MAILING ADDRESS

APT / UNIT | STREET NUMBER | STREET NAME

CITY | PROV | POSTAL CODE

BIRTHDATE (MM / DD / YYYY) | EMPLOYEE / PENSION NUMBER | GROUP NUMBER

PERSONAL HEALTH NUMBER (PHN) | MSP ACCOUNT NUMBER

To cancel coverage for employee / pensioner and all dependants

Group coverage is cancelled on the last day of the month unless it is being cancelled as of the effective date. Please refer to your Group Procedure Guide for more information.

GROUP COVERAGE WILL CEASE ON THIS DATE (MM / DD / YYYY)

IF MOVING / MOVED OUTSIDE BC, DATE OF MOVE (MM / DD / YYYY)

REASON FOR CANCELLATION (CHOOSE ONE)

☐ TERMINATED ☐ MOVED OUT OF PROVINCE ☐ OTHER COVERAGE ☐ DECEASED

AUTHORIZATION - THIS SECTION MUST BE COMPLETED

ADDRESS OF PAYROLL / PENSION OFFICE | POSTAL CODE

AREA CODE AND PHONE NUMBER | LOCAL | DATE AUTHORIZED (MM / DD / YYYY)

AUTHORIZATION NAME OR STAMP

WHEN THIS FORM HAS BEEN COMPLETED, PLEASE FORWARD TO HEALTH INSURANCE BC
INCOMPLETE OR UNAUTHORIZED FORMS WILL BE RETURNED

Mailing Address: Health Insurance BC, Medical Services Plan, PO Box 9680 Stn Prov Govt, Victoria BC V8W 9P7
Tel: (Lower Mainland) 604 683-7520, (Rest of BC) 1 877 955-5656 Web: www.hibc.gov.bc.ca

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PRINT RESET