

 Complete this Action  Information Only  Documentation to Include with your Request


General Information


 Complete this form IN FULL. Failure to provide ALL required documentation will delay your request for a decision.


PART 1 – Reason for Request

 A letter outlining the medical circumstances that are prompting your request and any extenuating circumstances you would like considered upon review.


PART 2 – Medical Documentation and Treatment Costs


 A letter from your treating physician and/or hospital outlining details of your medical history, specifics surrounding your recent diagnosis, when the diagnosis was made, prognosis, the treatment plan for the wait period and, ALL copies of any supporting medical reports.

 Copies of ALL invoices and/or receipts for health care received during the wait period (Hospital invoices etc.).

 **Please note, costs for routine, scheduled prenatal/delivery services are NOT eligible for a waiver request. Examples of ineligible costs include, but not limited to: ultrasounds, laboratory tests, and clinic/doctor/midwife appointments.**

PART 3 – Current Household Financial Information


 Complete all requested financial information on this form. If you are being sponsored, a completed Additional Financial Statement (HLTH 293A) for the sponsor and spouse (if applicable) **must** also be submitted.

 Verification of monthly income for complete household; including but not limited to, Universal Child Tax Benefit, GST, paystubs from employer(s), etc.


 Verification of monthly expenses for complete household.

 Confirmation of all bank balances (inside and outside Canada- if applicable), RRSP Investment balances, Non-RRSP Investment balance, and any other assets.

 **If you have purchased travel insurance, please make a claim with the company first. If you received a denial, please include a copy of the decision.**

 If your income is less than expenses (**or if you currently do not have an income**), please attach a separate sheet of paper explaining how you are meeting your expenses AND how you plan to pay for your health care during the wait period.

PART 4 – Sponsorship Information

 If you are sponsored, or are submitting a waiver of the wait period request on behalf of a family member you are sponsoring for permanent resident status, please include the signed copy of the *Application to Sponsor, Sponsorship Agreement and Undertaking* (IMM 1344) and a completed Additional Financial Statement (HLTH 293A) for the sponsor and spouse (if applicable).

PART 5 – Declaration and Consent

 Signature of requester and spouse (if applicable), sponsor and spouse (If applicable).

Personal information requested on this form is collected under the authority of the *Medicare Protection Act*. The information will be used to determine eligibility for a reduction or waiver of the wait period for provincial health care benefits. If you have any questions about the collection of this information, contact a ministry representative at the address shown. 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.



APPLICANT INFORMATION				
APPLICANT FIRST NAME		APPLICANT SECOND NAME		APPLICANT LAST NAME
MAILING ADDRESS			CITY	PROVINCE
POSTAL CODE				
PRIMARY PHONE (INCLUDE AREA CODE)		ALTERNATE PHONE (INCLUDE AREA CODE)		FAX
EMAIL				
MARITAL STATUS		PERSONAL HEALTH NUMBER (PHN)		BIRTHDATE (MM/DD/YYYY)
NO. IN HOUSEHOLD				

PART 1 – REASON FOR REQUEST

Provide a letter outlining the medical circumstances that are prompting your request and any extenuating circumstances you would like considered.

PART 2 – MEDICAL SUBSTANTIATION AND TREATMENT COSTS

Please attach the following to your request:

- a letter from your treating physician or hospital outlining details of your medical history, specifics surrounding your recent diagnosis, when the diagnosis was made, prognosis, the treatment plan for the wait period and in addition, copies of any supporting medical reports; **and**
- copies of **ALL** health care invoices and/or receipts that pertain to care received during the wait period.

PART 3 – CURRENT HOUSEHOLD FINANCIAL INFORMATION

FINANCIAL STATEMENT	
WAS PRIVATE INSURANCE SOUGHT BEFORE OR ON ARRIVAL IN BC?	
<input type="checkbox"/> Yes (if yes, fill out section (A) below)	<input type="checkbox"/> No (if no, fill out section (B) below)
A. INSURANCE COMPANY NAME	B. PLEASE PROVIDE REASON THAT NO PRIVATE INSURANCE WAS SOUGHT
INSURANCE COMPANY ADDRESS	
COVERAGE PERIOD	
IMPORTANT: Please ensure you contact your private insurer regarding any medical claims before requesting a waiver. Failure to do so may result in your request being cancelled.	

CURRENT MONTHLY INCOME

Indicate the household NET monthly income (take home pay) received by source. If your income varies each month, indicate the range of fluctuation. Attach copies of documentation to provide verification of monthly income, including but not limited to, Universal Child Tax Benefit, GST, paystubs from employer(s), etc.

PLEASE DO NOT LEAVE THIS SECTION BLANK (ENTER 0 IF NOTHING TO REPORT)

Source of Income	Applicant	Spouse
Net earnings + tips + bonuses + commissions	\$	\$
Employment Insurance	\$	\$
Social Assistance	\$	\$
Pension (specify):	\$	\$
GST + Child Tax Benefit + BC Family Bonus	\$	\$
Alimony/Child Support	\$	\$
Other (specify):	\$	\$
SUBTOTAL NET INCOME	\$	\$
TOTAL COMBINED NET INCOME		\$

REQUEST TO WAIVE THE MSP COVERAGE WAIT PERIOD PAGE 2 OF 3

CURRENT MONTHLY EXPENSES

Indicate all household expenses below. Divide annual expenses, such as car insurance, by twelve and indicate the monthly rate.
 Attach copies of documentation to provide verification of monthly expenses.

PLEASE DO NOT LEAVE THIS SECTION BLANK (ENTER 0 IF NOTHING TO REPORT)

Mortgage/Rent	\$	Alimony/Child Support	\$
House/Tenant Insurance	\$	Child Care	\$
Food	\$	Life Insurance	\$
Telephone	\$	Personal Loan(s)	\$
Cable	\$	Credit Card(s) Payment	\$
Other Utilities	\$	Other (Please explain)	\$
Car Loan	\$		
Car Operating Expenses	\$		
TOTAL MONTHLY EXPENSES			\$

EMPLOYMENT STATUS

Applicant	Spouse
EMPLOYER NAME	EMPLOYER NAME
OCCUPATION	OCCUPATION
EMPLOYER ADDRESS (INCLUDE CITY, PROVINCE AND POSTAL CODE)	EMPLOYER ADDRESS (INCLUDE CITY, PROVINCE AND POSTAL CODE)
SELF-EMPLOYED - DOING BUSINESS AS	SELF-EMPLOYED - DOING BUSINESS AS
IF UNEMPLOYED, ARE YOU LOOKING FOR WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain):	IF UNEMPLOYED, ARE YOU LOOKING FOR WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain):

ASSETS

Provide details of all assets owned whether or not they are completely paid for. Indicate owner as **I** (for yourself) **S** (for spouse) or **J** (for joint)

Description	Owner (I, S, J)	Purchase Date (YYYY/MM/DD)	Purchase Price	Current Value
REAL ESTATE (INCLUDE ADDRESS - IF MORE THAN ONE, ATTACH SEPARATE SHEET)			\$	\$
VEHICLE 1 (INCLUDE MAKE, MODEL, YEAR)			\$	\$
VEHICLE 2 (INCLUDE MAKE, MODEL, YEAR)			\$	\$
STOCKS, BONDS, RRSP, ETC			\$	\$
OTHER ASSETS (PLEASE LIST)			\$	\$

REQUEST TO WAIVE THE MSP COVERAGE WAIT PERIOD PAGE 3 OF 3

LIABILITIES

Provide details of all outstanding debts including those which you are currently repaying on a monthly basis. These debts include mortgages, credit cards, student loans, and bank loans.

Creditor Name	Creditor Address	Balance Owning	Monthly Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

BANKING INFORMATION

Provide the name and address of the financial institution for each account type.

Financial Institution Name	Financial Institution Address	Balance (Applicant/Joint)	Balance (Spouse)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

PART 4 – SPONSORSHIP AGREEMENT

If you are sponsored, or are submitting a waiver of the wait period request on behalf of a family member you are sponsoring for permanent resident status, please include the signed copy of the *Application to Sponsor, Sponsorship Agreement and Undertaking* (IMM 1344).

PART 5 – DECLARATION AND CONSENT

I declare that all information provided is true and that I am not able to afford health care services incurred during the wait period for provincial health care coverage. I understand that withholding relevant information, or providing false information in this statement will be grounds for the Ministry of Health to revoke any approval given to waive the wait period.

I understand that the Ministry of Health may verify this information with public authorities, agencies and persons as appropriate.

SIGNATURE OF APPLICANT	DATE SIGNED
SIGNATURE OF SPOUSE	DATE SIGNED

Please send request and all corresponding documents to:

Director
 Beneficiary Services Branch
 Ministry of Health
 PO Box 9649 Stn Prov Govt
 Victoria, BC V8W 9P4
 Fax: 250 952-3268