



## 1. MSP GROUP PLAN CANCELLATION GUIDELINES

### **Cancelling an MSP Group Plan is a significant undertaking which must be carefully considered.**

If your organization has determined that its MSP Group Plan(s) will be cancelled, there are several steps that must be followed to ensure that your members have accurate self-administered MSP accounts established.

**Please allow at least 90 days for this process to provide your Group and members sufficient time to prepare.**

**The following steps must be completed by your group:**

- Complete and sign the HLTH 295 MSP Group Plan Termination Form, providing a termination date on the last day of a month that is at least 90 days in the future. Submit to Health Insurance BC (HIBC) within 30 days of signature. If these requirements are not met, HIBC will assign a termination date on the last day of the month that is 90 days from the receipt of your request.
- Inform your members of this change in coverage, and provide members with information about their MSP coverage and responsibilities to remit MSP premiums. To help inform your members, provide your group members with the [End of Group Coverage Notice \(HLTH 1904\)](#) at least 30 days prior to cancellation.
- Ensure that residential/ mailing addresses of all members are current in MSP records. Members may update their address online at [addresschange.gov.bc.ca](http://addresschange.gov.bc.ca). Or, submit any required changes with a [Group Change Request \(HLTH 170\)](#) or MSP Direct (if applicable).
- Ensure that member family structures are current in MSP records (i.e.: spouses and children are correct and up to date). Submit any required changes with a [Group Change Request \(HLTH 170\)](#) or MSP Direct (if applicable).
- Review Group MSP invoices from Revenue Services BC (RSBC) and ensure that all due premiums are paid.  
*Note: MSP premiums will be eliminated on January 1, 2020. Any outstanding premiums will continue to be collected by RSBC.*
- If you use MSP Direct, ensure that you provide notification to cancel this service. See *Section 3: MSP DIRECT* on reverse.
- If your Group uses a third-party administrator, it is your responsibility to inform that organization with adequate notice.
- If your Group provides third-party benefits (i.e.: Pacific Blue Cross), it is your responsibility to inform that organization with adequate notice. They may require a process change to verify MSP coverage for claims, which could impact your members.

Once all of the required steps have been completed, your MSP Group Plan will be cancelled on the last day of the specified month. HIBC will then move all members to self-administered accounts. Care and attention from your group will ensure that this process is seamless for your group members and their families.

Any personal information used in the administration of your group medical plan must be retained in accordance with your organization's retention policies and procedures. The Freedom of Information and Protection of Privacy Act requires retention for at least one year. This includes Employer Record Cards (ERCs) and completed MSP forms stored by your organization. Following this retention period, your organization is obligated to provide **secure destruction** of these documents.



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 process requests for cancellation of Group Plans. If you have any questions about the collection of this information, contact Health Insurance BC at the address and telephone numbers listed.

2. MSP GROUP PLAN INFORMATION

Form with fields: LEGAL NAME OF CORPORATION, COMPANY OR PROPRIETOR; DOING BUSINESS AS (IF DIFFERENT FROM LEGAL NAME); DATE OF CANCELLATION OF MSP GROUP PLAN (DD/MM/YYYY); PROVIDE AT LEAST 90 DAYS' NOTICE FROM THE DATE OF FORM SIGNATURE. CANCELLATION WILL OCCUR ON THE LAST DAY OF THE SPECIFIED MONTH.; GROUP NUMBER; BRITISH COLUMBIA COMPANY REGISTRATION NO.; AUTHORIZATION NAME OR STAMP; INVOICE ADDRESS; POSTAL CODE; EMAIL ADDRESS; TELEPHONE NO. (INCLUDE AREA CODE); FAX NO. (INCLUDE AREA CODE)

3. MSP DIRECT

Please mark one box below [X] to indicate if your MSP Group Plan has MSP Direct access:

- My MSP Group Plan does not have MSP Direct access
My MSP Group Plan has MSP Direct access, and I request that HIBC notify MSP Direct on my behalf, using the MSP Group Plan cancellation date provided above.

4. AUTHORIZATION

By signing, I hereby declare that:

- I am a duly authorized officer or representative of the organization indicated in Section 2: MSP GROUP PLAN INFORMATION;
All information provided on this form is correct;
I have reviewed the requirements indicated in Section 1: MEDICAL SERVICES PLAN (MSP) GROUP CANCELLATION GUIDELINES; and
My group will adhere to those requirements with due rigor, including: informing group members of this change, updating group members' MSP records, remitting all outstanding premiums to RSBC, contacting MSP Direct and any third-party organizations, and the secure destruction of Employer Record Cards (ERCs) and other material as appropriate.

Form with fields: NAME (please print); TITLE; SIGNATURE; DATE SIGNED