BRITISH COLUMBIA | Health InsuranceBC

PLEASE USE
CAPITAL LETTERS ONLY

A B C D

MEDICAL SERVICES PLAN (MSP)
CHANGE REQUEST

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 AT THE BOTTOM.
Residents of BC are required, by law, to enrol themselves and to enrol their spouse and children who are residents of BC.

The BC Services Card provides access to insured provincial health care benefits for eligible BC residents. If adding a spouse who is a new or returning adult resident, the spouse should first visit an Insurance Corporation of BC (ICBC) driver licensing office to begin a BC Services Card request. To find an ICBC driver licensing office near you, and information about required ID, please visit icbc.com. After the spouse has visited an ICBC driver licensing office, submit this Group Change Request form.

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.

WAIT PERIOD: New and returning residents must complete a wait period before benefits begin. Generally, this is the balance of the month of arrival in BC plus two months. If absences from Canada exceed a total of 30 days in this period, eligibility may be affected.

1 CHANGE REQUEST

I AM SUBMITTING THIS FORM TO (PLEASE MARK (X) ALL BOXES THAT APPLY):

☐ CHANGE/CORRECT ACCOUNT HOLDER'S INFORMATION – Complete sections 2 (with new/correct information) and 4, and submit form to the First Nations Health Authority to authorize (section 5). Legal documents are required for Health Insurance BC to confirm a change or correction. **For example, provide a photocopy of your proof of Status in Canada** (see examples on page 2) **or marriage/change of name certificate.**

☐ CHANGE ADDRESS INFORMATION – Complete sections 2, 3, 4 and submit form to the First Nations Health Authority to authorize (section 5).

☐ ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A SPOUSE – On page 2, complete section 6 and, if you are adding a spouse, section 8. On this page complete sections 2, 4 and submit form to the First Nations Health Authority to authorize (section 5). **Provide photocopies of all applicable documents** as explained in section 6 on page 2.

☐ ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A CHILD – On page 2, complete section 7 and, if you are adding a child, section 8. On this page complete sections 2, 4 and submit form to the First Nations Health Authority to authorize (section 5). **Provide photocopies of all applicable documents** as explained in section 7 on page 2.

2 ACCOUNT HOLDER INFORMATION – *THIS SECTION MUST BE COMPLETED*

ACCOUNT HOLDER LEGAL LAST NAME | ACCOUNT HOLDER LEGAL FIRST NAME | ACCOUNT HOLDER LEGAL SECOND NAME

GROUP NUMBER (21000) | PERSONAL HEALTH NUMBER (PHN) | FULL STATUS NUMBER | BIRTHDATE (MM / DD / YYYY) | GENDER ☐ M ☐ F

TELEPHONE NUMBER

3 ADDRESS CHANGE – *PLEASE PROVIDE NEW ADDRESS INFORMATION*

RESIDENTIAL ADDRESS | CITY | PROV | POSTAL CODE

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

4 AUTHORIZATION – *MUST BE SIGNED (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)*

I understand the information I have given is collected under the authority of the *Medicare Protection Act* and may be used to assess eligibility for other Ministry of Health programs, and that practitioners who provide service(s) under MSP are required under the *Medicare Protection Act* to release information relative to those services to MSP to support claims for benefits.

I declare that all information provided is true and I understand that the Ministry 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 ACCOUNT HOLDER | SIGNATURE OF ACCOUNT HOLDER'S SPOUSE | DATE SIGNED (MM / DD / YYYY)

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

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).

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

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.
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 recognized post-secondary institution, and supported by a parent or person who stands in place of the person's parent. A dependent post-secondary student may include a student enrolled in full-time studies at an accredited trade school, technical school or high school.

6 SPOUSE

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

☐ **CHANGE/CORRECT SPOUSE'S INFORMATION** — LEGAL DOCUMENTS ARE REQUIRED FOR MSP TO CONFIRM A CHANGE OR CORRECTION. ***PROVIDE PHOTOCOPY OF APPLICABLE DOCUMENT;*** E.G. PROOF OF STATUS IN CANADA (SEE BELOW) OR MARRIAGE/CHANGE OF NAME CERTIFICATE

☐ **REMOVE SPOUSE FROM PLAN** — CANCELLATION DATE (MM / DD / YYYY) | REASON FOR CANCELLATION

SPOUSE'S CURRENT MAILING ADDRESS | CITY | PROV | POSTAL CODE

☐ UNKNOWN

☐ **ADD SPOUSE TO PLAN**

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

7 CHILD

☐ **IF YOU ARE ADDING, REMOVING OR CHANGING INFORMATION FOR MORE THAN ONE CHILD, PLEASE MARK BOX (X), ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION.**

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

PERSONAL HEALTH NUMBER (PHN) | BIRTHDATE (MM / DD / YYYY) | GENDER ☐ M ☐ F | FULL STATUS NUMBER

☐ **CHANGE/CORRECT CHILD'S INFORMATION** — LEGAL DOCUMENTS ARE REQUIRED FOR MSP TO CONFIRM A CHANGE OR CORRECTION. ***PROVIDE PHOTOCOPY OF APPLICABLE DOCUMENT;*** E.G. PROOF OF STATUS IN CANADA (SEE BELOW) OR CHANGE OF NAME CERTIFICATE

☐ **REMOVE CHILD FROM PLAN** — CANCELLATION DATE (MM / DD / YYYY) | REASON FOR CANCELLATION

CHILD'S CURRENT MAILING ADDRESS | CITY | PROV | POSTAL CODE

☐ UNKNOWN

☐ **ADD CHILD TO PLAN**

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 THE ABOVE CHILD IS A DEPENDENT POST-SECONDARY STUDENT (SEE ABOVE), PLEASE ALSO COMPLETE THE SECTION BELOW.

SCHOOL NAME AND FULL ADDRESS

DATE STUDIES WILL BEGIN (MM / DD / YYYY) | DATE STUDIES WILL BE FINISHED (MM / DD / YYYY) | IF SCHOOL IS OUTSIDE BC, ORIGINAL DEPARTURE DATE (MM / DD / YYYY)

Residents who leave BC temporarily to attend school or university may be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at a recognized educational facility.

8 ADDITIONAL REQUIRED INFORMATION – *FAILURE TO PROVIDE THIS INFORMATION MAY AFFECT ELIGIBILITY FOR BENEFITS*

HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL IN THE PAST 12 MONTHS? ☐ YES ☐ NO IF YES, PROVIDE DETAILS BELOW.

WILL YOU OR ANY FAMILY MEMBER BE OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT 6 MONTHS? ☐ YES ☐ NO IF YES, PROVIDE DETAILS BELOW.

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

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

NAME | (MM / DD / YYYY)

PRINT RESET