



BRITISH COLUMBIA

Health InsuranceBC

MEDICAL SERVICES PLAN ADDRESS CHANGE NOTICE

Mailing Address: PO Box 9035 Stn Prov Govt, Victoria BC V8W 9E3
Tel: (Vancouver) 604 683-7151, (Other Areas Within BC) 1 800 663-7100
Fax: 250 405-3595 Web: www.hibc.gov.bc.ca

Form with fields: FULL NAME, PERSONAL HEALTH NUMBER (PHN)

RESIDENTIAL ADDRESS

Form with fields: CITY/TOWN, POSTAL CODE

MAILING ADDRESS (if different from residential address)

Form with fields: CITY/TOWN, POSTAL CODE

IF OUTSIDE BC:

Form with fields: DATE OF DEPARTURE, PERMANENT MOVE, TEMPORARY ABSENCE, RETURN DATE FOR TEMP. ABSENCE, IF TEMPORARY ABSENCE, STATE REASON

Signature Date () Daytime Phone Number

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.