
COVERING A SPOUSE OR CHILD WHO IS AN APPLICANT FOR PERMANENT RESIDENT STATUS IN CANADA

Is my spouse/child eligible for coverage?

To be eligible for coverage with British Columbia's health care plans, your spouse/child must be a resident of this province. The *Medicare Protection Act* defines a resident as a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, makes his or her home in British Columbia, and is physically present in British Columbia for at least six 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.

Based on the preceding, Canadian citizens and persons with permanent resident status in Canada are eligible to apply for benefits. In addition, certain non-permanent residents may be deemed residents and thus be considered eligible (e.g., many holders of study and work permits valid for six or more months and many applicants for permanent resident status who are the spouse or child of an eligible B.C. resident). Tourists and visitors to B.C. are not eligible for provincial health care benefits.

Note: Entitlement cannot be confirmed over the phone by the Medical Services Plan (MSP). MSP can only determine a person's eligibility for coverage after the person arrives in British Columbia and their application for coverage and immigration documentation has been reviewed.

How do I add my spouse/child to my coverage?

If you are covered by your employer, union or pension plan, contact your benefits office for the appropriate form. If you look after your own coverage, you can obtain a Medical Services Plan (MSP) Account Change Form on-line (www.health.gov.bc.ca/insurance/), by visiting a Service BC Centre, or by contacting MSP at: 604-683-7151 (Vancouver) or 1-800-663-7100 (other B.C. locations).

Most immigration documents, when submitted with the required MSP form, provide sufficient information for MSP to determine whether a person qualifies for benefits. There are circumstances where additional documentation is required. If, for example, a spouse/child has visitor status in Canada and his/her papers do *not* state "Case Type 17" or provide any other indication that permanent resident status has been applied for, the MSP form should be submitted with copies of as many of the following as possible:

- a photocopy of any immigration document he/she may hold
- any relevant letters issued by Citizenship and Immigration Canada (CIC) to the applicant or sponsor
- proof that the application fee for permanent resident status has been paid to CIC on-line or through a financial institution
- the identity page of the spouse/child's passport and any other pages stamped by CIC or the Canada Border Services Agency
- a copy of the spouse/child's birth certificate if he/she is a United States citizen

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- pages 1 and 2 from the CIC e-Client Application Status web site showing the receipt and processing date of the application for permanent resident status (www.cic.gc.ca; click on Check Application Status).

The above helps confirm that CIC considers the person to be an applicant for permanent resident status, and helps MSP determine eligibility and when coverage should begin.

When does coverage begin?

New (and returning) residents are required to complete a wait period consisting of the balance of the month in which residence in British Columbia is established, plus two months before benefits can begin. The date residency is considered to have been established is determined by this ministry, based on a number of factors including the type of immigration status held.

For some people, the wait period doesn't start when they arrive in the province - it starts later. For example, a spouse or child may have arrived as a tourist/visitor and later become an applicant for permanent resident status.

Ordinarily, the wait period for coverage for a spouse/child that is residing in B.C. and has later become an applicant for permanent resident status consists of the balance of the month Citizenship and Immigration Canada (CIC) accepts an application for permanent resident status, plus two months. In some circumstances, the wait period may begin on the date the application fee for permanent resident status was received by CIC if the spouse/child has been residing in B.C. since that time. This is provided there is no significant delay between the fee being paid and the application being received by CIC. Please note that although the wait period may begin based on the date the fee is paid, proof the application has been accepted for processing by CIC is required in order to confirm eligibility. It is also important to note that if the initial application is rejected by CIC and resubmitted, then the wait period would begin at a later date.

If absences from Canada exceed a total of 30 days during the previously mentioned wait period or an absence of more than six months is undertaken within six months of moving to the province, eligibility may be affected.

If a person attends a physician without an active CareCard or BC Services Card there is a possibility they may be charged for the services at non-resident rates (which are higher than Medical Services Plan (MSP) rates). Should it be determined at a later date that the person is eligible for coverage, MSP can only reimburse in accordance with the *MSC Payment Schedule* and the person would be responsible for any additional charges.

Benefits During the Wait Period

While a person can receive required medical and hospital services in British Columbia before qualifying for provincial benefits, the entire cost of such services is payable by the person, unless other arrangements for health care insurance have been made. As such costs may be very high, those who plan to move to B.C. from outside Canada are strongly recommended to make arrangements for health insurance through a private company before arrival, and to maintain that insurance until provincial benefits are available. Of note, private insurance companies have an almost universal policy of *not* covering pre-existing conditions, including pregnancy.