



MEDICAL SERVICES PLAN (MSP) ENROLMENT APPLICATION

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.

NOTE: INCOMPLETE, UNSIGNED OR UNAUTHORIZED FORMS WILL BE RETURNED.

Before completing this application, please read IMPORTANT INFORMATION on page 2.

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

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.

Form fields for BAND NAME, FULL STATUS NUMBER, PERSONAL HEALTH NUMBER (PHN), and GROUP NUMBER (2100030).

1 APPLICANT INFORMATION

Form fields for APPLICANT LEGAL LAST NAME, APPLICANT LEGAL FIRST NAME, APPLICANT LEGAL SECOND NAME, BIRTHDATE, GENDER, DAYTIME TELEPHONE NUMBER, RESIDENTIAL ADDRESS, CITY, PROV, POSTAL CODE, MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS).

2 RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION

Form sections A through E containing questions about STATUS IN CANADA, MSP COVERAGE, LIVED IN BC SINCE BIRTH, OUTSIDE BC TRAVEL, and STUDENT STATUS.

IS THIS APPLICATION ALSO FOR A SPOUSE OR CHILD? IF YES, PLEASE COMPLETE PAGE 2.

3 AUTHORIZATION - MUST BE SIGNED (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)

I have received information about MSP and agree to abide by the terms and conditions of MSP. 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.

Form fields for SIGNATURE OF APPLICANT, SIGNATURE OF SPOUSE, and DATE SIGNED (MM / DD / YYYY).

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

4 SPOUSE AND CHILD INFORMATION (LIST ONLY THOSE ELIGIBLE)

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 resident of BC who is the legal ward or child of the applicant, is supported by the applicant, is neither married nor living and cohabiting in a marriage-like relationship, and is either age 18 or younger, or age 19 to 24 and attending school or university full time.

PHOTOCOPIES OF CURRENT CITIZENSHIP/IMMIGRATION DOCUMENTS MUST BE ATTACHED. USE LEGAL NAMES WHEN COMPLETING THIS FORM. IF LEGAL NAME DOES NOT MATCH, INCLUDE COPY OF MARRIAGE OR CHANGE OF NAME CERTIFICATE, ETC.

▶ 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

STATUS IN CANADA (MARK ONE -)

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.

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

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.

▶ CHILD LEGAL LAST NAME CHILD LEGAL FIRST NAME CHILD LEGAL SECOND NAME

PERSONAL HEALTH NUMBER (PHN) BIRTHDATE (MM / DD / YYYY) GENDER M F STATUS INDIAN? YES NO FULL STATUS NUMBER

STATUS IN CANADA (MARK ONE -)

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.

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

ADOPTION DATE (MM / DD / YYYY)

IF CHILD IS NEWLY ADOPTED, INDICATE DATE OF ADOPTION AND ENCLOSE PROOF OF ADOPTION →

PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS (DO NOT SEND ORIGINALS). IF LEGAL NAME DOES NOT MATCH, INCLUDE COPY OF CHANGE OF NAME CERTIFICATE, ETC.

IF YOU HAVE MORE THAN ONE CHILD, PLEASE MARK BOX (), ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

IF ANY OF THE CHILDREN ARE 19 TO 24 YEARS OF AGE AND ATTENDING SCHOOL ON A FULL-TIME BASIS, PLEASE COMPLETE THE SECTION BELOW.

STUDENT LEGAL LAST NAME STUDENT LEGAL FIRST NAME STUDENT LEGAL SECOND NAME

SCHOOL NAME AND FULL ADDRESS

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

IF YOU HAVE MORE CHILDREN 19 TO 24 YEARS OF AGE THAT ARE FULL-TIME STUDENTS, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

5 FIRST NATIONS HEALTH AUTHORITY AUTHORIZATION - MUST BE SIGNED BY A FIRST NATIONS HEALTH AUTHORITY REPRESENTATIVE

FIRST NATIONS HEALTH AUTHORITY AUTHORIZATION	THE ABOVE INFORMATION IS SUPPORTED BY
MEDICAL SERVICES BRANCH REPRESENTATIVE	

6 IMPORTANT INFORMATION

- IDENTIFICATION:** You must send with your application: photocopies of documents that support the name and Canadian citizenship or immigration status for all persons listed. Eligibility cannot be determined without this documentation. Canadian citizens and holders of permanent resident status (landed immigrants) returning from the USA may also be asked to provide evidence of having established residence in BC and/or having abandoned their status in the USA. If any person is not enrolling under the name shown on his/her citizenship or immigration document, please also submit a photocopy of a legal document (for example, a marriage or name change certificate) that indicates the name shown on this application.
- RESIDENCY:** If you or any family member listed on this application expect to leave the province for more than 30 days in total during the next 6 months, a letter outlining your planned dates of departure and return, destination and the reason for your absence is required with this application. Failure to provide this information may affect eligibility for benefits.
- EFFECTIVE DATE OF BENEFITS:** New and returning residents must complete a waiting period before health care benefits begin. Generally, this period is the balance of the month of arrival in BC, plus two months. If absences from Canada exceed a total of 30 days during the waiting period, eligibility may be affected. Applications should be submitted immediately on arrival in BC, not at the end of the waiting period. If you apply late, the effective date of benefits will be determined by MSP and may result in premiums being charged retroactively.
- OUT-OF-PROVINCE STUDENTS:** 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.
- CANCELLATION OF BENEFITS:** Failure to remit premiums does not constitute notification to cancel benefits. If you will no longer be a resident of BC, you must notify Health Insurance BC that this is the case, and provide your date of departure from the province and your new address; otherwise, premium invoicing may occur.
- CHANGE OF NAME OR ADDRESS:** Health Insurance BC must be notified immediately of any change of name or address.
- LEGISLATION:** All information is subject to change in accordance with the *Medicare Protection Act* and Health Care Services Regulations and the *Hospital Insurance Act* and Regulations. If a discrepancy exists between the information Health Insurance BC has provided on this application and the legislation, the legislation will prevail.

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).