



Complete this Action	Information Only	Documentation to include with your application
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General Information

Complete this form **IN FULL**. Failure to provide **ALL** required documents may result in the cancellation of your application. Once the ministry has processed your application, you will be notified in writing.

PART 1 – Qualification Requirements

Describe your unexpected event of financial hardship and any special circumstances you would like us to consider. You may attach a separate sheet of paper.

PART 2 – Current Monthly Household Income

Provide a copy of your Record of Employment from your most recent job loss (may be obtained from the Employment Insurance [EI] office or, if submitted by your employer electronically, the Service Canada website).

Provide confirmation of your monthly income from **ALL** sources (e.g. wages, WorkSafeBC, EI). EI benefits may be confirmed with a printout of “My Current Claim” from the Service Canada website. Income that is directly deposited may be confirmed with a copy of your bank statement (you may conceal confidential information, such as your account number).

If you are not eligible for EI benefits, provide a copy of the letter or statement from EI that indicates the reason you do not qualify.

If you left your job due to a health condition and were denied EI benefits (or your medical EI benefits have run out), provide a letter of confirmation from your physician that indicates the anticipated date of your recovery.

If your EI benefits have run out, provide documentation from EI that verifies the end date.

If you are attending school through a government funded program, provide confirmation and the net amount you are receiving.

Enter your bank balance, RRSP investment balance, non-RRSP investment balance and severance pay. This area **MUST** be filled in (if any of these balances are 0, be sure to enter 0).

If you are currently employed but your hours have been significantly reduced, please provide the following: verification of EI benefits (if eligible for "top up"), a letter from your employer confirming the reduced hours and reason for the change, and copies of your previous and current paystubs to show the change to your income.

PART 3 – Current Monthly Household Expenses

If your income is less than your expenses, please attach a separate sheet that explains how you are meeting your expenses.

PART 4 – Declaration and Consent

Your signature, as the applicant, and the signature of your spouse (if applicable) are required.

IMPORTANT NOTE: You will continue to receive billing notices while you are waiting for your application to be processed.

If you have not received a written response within 60 days, please contact our office.



TEMPORARY PREMIUM ASSISTANCE

Medical Services Plan (MSP)

Print name and mailing address

Three horizontal lines for printing name and mailing address.

I certify that the above address is my current mailing address.

Telephone: 250 356-8285

Toll-free: 1 800 207-2051

Fax: 250 387-8021

Website: www.sbr.gov.bc.ca/individuals/Customer_Service/MSP/financial_assistance.htm

CLIENT NUMBER OR PERSONAL HEALTH NUMBER 9
DATE

Freedom of Information and Protection of Privacy Act (FOIPPA)
 The personal information on this form is collected for the purpose of administering the *Medicare Protection Act* under the authority of section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Supervisor, Temporary Premium Assistance, PO Box 9627 Stn Prov Govt, Victoria BC V8W 9P1 (telephone: Victoria at 250 356-8285 or toll-free at 1 800 207-2051).

Please Note: Temporary Premium Assistance is not a retroactive program.

PROGRAM INFORMATION

Temporary Premium Assistance (TPA) provides a short term waiver of Medical Services Plan (MSP) premiums for qualifying individuals and families. It is designed to assist individuals and families who are not able to pay premiums due to a current unexpected financial hardship for which they could not reasonably have budgeted.

To apply for TPA, you must meet all of the following criteria:

- you are a Canadian citizen or a holder of permanent resident status for the past 12 consecutive months,
- you have resided in Canada for the past 12 consecutive months,
- you are billed directly for your own MSP Premiums,
- you (and your spouse) filed the previous year's Income Tax return(s),
- you are experiencing a current unexpected financial hardship for which you could not reasonably have budgeted, and
- the essential living cost for the household exceeds the total income of you and your spouse. Essential living cost does not include consumer debt or loan payments.

You may qualify for the Regular Premium Assistance program. This program offers subsidies if you have had a period of low income for the preceding tax year. For more information about Regular Premium Assistance, contact Health Insurance BC at:

- www.health.gov.bc.ca/msp
- toll-free at 1 800-663-7100
- in Vancouver 604 683-7151
- through a local **Service BC Centre/BC Access Centre**

THE MINISTRY OF FINANCE IS NOT RESPONSIBLE FOR MISDIRECTED AND/OR UNDELIVERABLE MAIL OR FAXES.

If you have not received a written response from our office within 60 days of mailing or faxing your application, please contact our office.

If you disagree with the decision regarding your application, a request for a review may be addressed in writing to the Supervisor, Temporary Premium Assistance, within 30 days from the date of our letter.

ALL INFORMATION MUST BE PROVIDED OR THE APPLICATION WILL BE RETURNED.

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FULL NAME, CLIENT NUMBER OR PERSONAL HEALTH NUMBER (9), MARITAL STATUS (MARRIED, SINGLE, COMMON LAW, SEPARATED, DIVORCED, WIDOWED), BIRTH DATE

PART 1 - QUALIFICATION REQUIREMENTS

Provide reason for current unexpected financial hardship and explain how you are paying your expenses if you have no income or your expenses are greater than your income.

Have you/or your spouse been absent from British Columbia in the past 12 months? NO YES - If YES, provide the following: REASON FOR ABSENCE, LOCATION, DATE OF DEPARTURE, DATE OF RETURN

Do you qualify for the Regular Premium Assistance program based on your previous year's income? NO YES

PART 2 - CURRENT MONTHLY HOUSEHOLD INCOME

You MUST provide confirmation of all income sources AND Record of Employment for most recent job loss.

Table with columns: YOUR CURRENT MONTHLY NET INCOME, SPOUSE'S CURRENT MONTHLY NET INCOME. Rows include Self employment, Wages, Employment Insurance, Social Assistance, Pension(s), Income from interest, GST + (National) Child Tax Benefit, Alimony, Other income, and TOTAL INCOME.

PLEASE DO NOT LEAVE THIS AREA BLANK (ENTER 0 IF NO BALANCE TO REPORT). Bank Balance, RRSP Investment Balance, Non-RRSP Investment Balance, Severance Pay, Date Severance Pay Received

PART 3 - CURRENT MONTHLY HOUSEHOLD EXPENSES

Receipts may be requested to verify expenses. Attach a separate sheet to explain other expenses.

Table with columns: Expense Category, Amount. Rows include Mortgage, Rent, Room and board, Property taxes, Heating, Home insurance, Medical expenses, Child support, Child care, Food and toiletries, Telephone, Cable, Transportation, Other expenses, and TOTAL EXPENSES.

PART 4 - DECLARATION AND CONSENT (Please read and sign. Without signature(s), this application will be returned.)

- I declare that all information on this application is true and I authorize the Ministry of Finance to verify this information with public authorities, agencies and persons as appropriate. I consent to the exchange of information pertaining to this application for the purposes of administering the Medical Services Plan. I will advise the Ministry of Finance if there is a change in the circumstances which entitled me to receive Temporary Premium Assistance. I understand that my claim for Temporary Premium Assistance is subject to audit. I have resided in Canada as a Canadian citizen or holder of permanent residence status (landed immigrant) for at least 12 months immediately preceding this application. I am not the child of another beneficiary as defined by the Medicare Protection Act.

SIGNATURE OF APPLICANT, DAYTIME TELEPHONE NUMBER, CELL PHONE NUMBER, DATE SIGNED, SIGNATURE OF SPOUSE, SPOUSE'S PERSONAL HEALTH NUMBER (if applicable)