



Fax = 1-888-299-9222

## MEDICAL SERVICES PLAN CHANGE FORM

- WHEN COMPLETED, SEND TO MEDICAL SERVICES OF HEALTH CANADA FOR AUTHORIZATION AND FORWARDING TO THE MEDICAL SERVICES PLAN OF BC.
- RESIDENTS OF BC ARE REQUIRED TO ENROLL THEMSELVES, AND THEIR DEPENDENTS WHO RESIDE IN BC, WITH THE MEDICAL SERVICES PLAN.

**ACCOUNT HOLDER'S LEGAL NAME – THIS SECTION MUST BE COMPLETED**

FIRST / SECOND / SURNAME		GROUP <b>2100030</b>	ACCOUNT NUMBER
BAND NUMBER	FAMILY NUMBER	PERSONAL HEALTH NUMBER <b>9</b>	

**A. ADDITION OF DEPENDENTS – USE LEGAL NAMES ONLY SEE NEXT PAGE FOR DEFINITION OF RESIDENT AND DEPENDENT(S)**

FIRST NAME	SECOND NAME	SURNAME	BIRTHDATE			GENDER M / F	PERSONAL HEALTH NUMBER	BAND #	FAMILY #
			MM	DD	YYYY				
							9		
							9		
							9		

1. Relationship to you \_\_\_\_\_ Date of marriage \_\_\_\_\_ Previous surname \_\_\_\_\_  
(if applicable) (if applicable)

2. If dependent child is 19 years of age or older, but under 25, indicate name and address of school or university dependent is attending on a full-time basis  
Enrollment date \_\_\_\_\_  
If school is outside BC, provide original date of departure \_\_\_\_\_ **SEE NEXT PAGE ABOUT OUT-OF-PROVINCE STUDENTS**  
Will dependent reside in BC upon completion of studies?  yes  no **PROOF REQUIRED FOR OUT-OF-COUNTRY STUDENTS**

3. If dependent child is adopted, indicate date of adoption \_\_\_\_\_ **ENCLOSE PROOF OF ADOPTION**

4. Has spouse/child lived in BC since birth?  yes  no If no, complete the following:  
Spouse/child's previous place of residence \_\_\_\_\_ Most recent move to BC \_\_\_\_\_ Is this a permanent move?  yes  no

5. Spouse/child's status in Canada  
**PHOTOCOPIES OF DOCUMENTS ARE REQUIRED FOR ALL DEPENDENTS BEING ADDED, INCLUDING NEWBORNS. SEE NEXT PAGE.**  
 CANADIAN CITIZEN (Canadian Birth Certificate/Card or Canadian Citizenship Card - front and back)  
 HOLDER OF PERMANENT RESIDENT STATUS (Record of Landing/Returning Resident Permit)  OTHER (Employment/Student Authorization, Minister's Permit, etc.)

6. Do you or any family member plan to be away from BC for more than 30 days during the next six months?  yes  no } **IF YES, SEE NEXT PAGE**  
6a. Have you or any family member been outside BC for more than 30 days during the past 12 months?  yes  no } **REGARDING ABSENCES**

7. Is dependent an active member of the Canadian Armed Forces or RCMP?  yes  no  
If dependent has recently been released from the Armed Forces, RCMP, or an institution, please provide date of discharge/release \_\_\_\_\_

**B. DECLARATION MUST BE SIGNED MSP MUST HAVE YOUR CURRENT ADDRESS – SEE NEXT PAGE**

- 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.
- I understand 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 on this application is true and I authorize the Ministry to 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	DATE SIGNED	MM	DD	YYYY
SIGNATURE OF SPOUSE	DATE SIGNED	MM	DD	YYYY

**C. AUTHORIZATION – MUST BE SIGNED BY HEALTH CANADA**

HEALTH CANADA AUTHORIZATION	THE ABOVE INFORMATION IS SUPPORTED BY:	
	NAME OF COMMUNITY HEALTH REPRESENTATIVE	TELEPHONE NUMBER ( )
MEDICAL SERVICES BRANCH REPRESENTATIVE	ADDRESS	



## IMPORTANT INFORMATION

Personal information is collected under the authority of the *Medicare Protection Act* and is used to determine eligibility for Ministry of Health programs available to residents of BC. This information is protected and accessible under the *Freedom of Information and Protection of Privacy Act* and is treated with the utmost confidentiality.

Eligibility for provincial health care benefits is based on residency in British Columbia. Under the *Medicare Protection Act*, **RESIDENT** means 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 at least 6 months in a calendar year, 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.

**DEPENDENT** – includes a spouse and children who are residents of BC.

**SPOUSE** – With respect to another person means a resident who is married to or is living in a marriage-like relationship with the other person and, for the purposes of this definition, the marriage or marriage-like relationship may be between persons of the same gender.

**CHILD** – Means a person 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, or, is older than 18 and younger than 25 years, and is in full-time attendance at an approved educational institution, is supported by the beneficiary and does not have a spouse.

**DOCUMENTS REQUIRED – PHOTOCOPIES MUST BE INCLUDED OR FORM WILL BE RETURNED**

If you are adding new dependent(s) include with this form, photocopies of documents to show the legal name and documents to support Canadian citizenship or immigration status of all those, including newborns, to be covered. This information will be used to determine eligibility for coverage and when coverage can begin.

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 US status.

**ABSENCES** – If you or any family member expect to leave the province for more than 30 days, in total, during the next 6 months, a letter outlining your planned date of departure, where you will be, the reason for the absence and your expected date of return is required. If you or any family member have been outside BC for more than 30 days during the past 12 months, a letter is required giving all dates of departure from BC, your whereabouts, the reason for each absence and all dates of return to BC. If you or any family member spend part of each year outside the province, you must reside in Canada at least 6 months in a calendar year and continue to maintain your home in BC, to qualify for provincial health care benefits. MSP must be advised of each date of departure, date of return, your whereabouts and the reason for each absence. Failure to do so may affect eligibility for benefits.

**OUT-OF-PROVINCE STUDENTS** – If studying outside BC the absence must be temporary and solely for the purpose of attending school or university. Also, if studying outside Canada, proof of school registration as a foreign student for the current term is required. Benefits are provided for a maximum of five years while studying outside the country.

**D. DELETION OF DEPENDENT(S)**

NAME	BIRTHDATE			BAND NAME	FAMILY NUMBER	ORDER	STATUS INDIAN		REQUESTED CANCELLATION DATE			REASON FOR CANCELLATION
	MM	DD	YYYY				YES	NO	MM	DD	YYYY	

CURRENT MAILING ADDRESS OF DEPENDENT

NAME	BIRTHDATE			BAND NAME	FAMILY NUMBER	ORDER	STATUS INDIAN		REQUESTED CANCELLATION DATE			REASON FOR CANCELLATION
	MM	DD	YYYY				YES	NO	MM	DD	YYYY	

CURRENT MAILING ADDRESS OF DEPENDENT

**E. CARECARD REPLACEMENT** - There may be a charge to replace CareCards. If payment is required, the client will be notified by the Medical Services Plan of BC.

FULL NAME	BIRTHDATE			REASON
	MM	DD	YYYY	

**F. CHANGE OF PERSONAL INFORMATION**

If the names or birthdate which appear on the CareCard need changing, you are asked to include a photocopy of a legal document indicating the cardholder's correct name or birthdate, such as one of the documents listed under A5 on the previous page or a change of name or marriage certificate.

CURRENT CARECARD SHOWS:			REVISED OR CORRECT INFORMATION IS:				BIRTHDATE		
INITIALS	SURNAME	BIRTHDATE	FIRST NAME	SECOND NAME	SURNAME	MM	DD	YYYY	

**G. ACCOUNT HOLDER'S RESIDENTIAL & MAILING ADDRESS CHANGES OF ADDRESS MUST BE REPORTED IMMEDIATELY TO MSP**

As you must be a resident of British Columbia to be eligible for provincial health care benefits, your current residential address is required on this form. A form received without a residential address will be returned.

RESIDENTIAL ADDRESS				MAILING ADDRESS (if different from residential address)			
POSTAL CODE		DAYTIME TELEPHONE NUMBER		POSTAL CODE		TELEPHONE NUMBER	
		(    )				(    )	