

			GROUP		
APPLICANT'S LEGAL NAME (FIRST / SECOND / SURNAME)		BIRTHDATE (MM / DD / YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	APPLICANT'S PERSONAL HEALTH NUMBER 9	
RESIDENTIAL ADDRESS - SEE NEXT PAGE REGARDING ADDRESS			MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)		
POSTAL CODE		DAYTIME TELEPHONE NUMBER ()	POSTAL CODE	TELEPHONE NUMBER ()	
STATUS IN CANADA - PHOTOCOPIES OF DOCUMENTS REQUIRED FOR EVERYBODY - SEE NEXT PAGE					
<input type="checkbox"/> CANADIAN CITIZEN (Canadian birth certificate, Canadian citizenship card or passport)			<input type="checkbox"/> OTHER (Work/Study Permit, etc.)		
<input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS (Record of Landing, Permanent Resident Card (front and back), or Confirmation of Permanent Residence)					
HAVE YOU LIVED IN BC SINCE BIRTH?	IF NO, MOST RECENT MOVE TO BC (MM / DD / YYYY)		FROM (PROVINCE OR COUNTRY)		
<input type="checkbox"/> YES <input type="checkbox"/> NO					

SEE NEXT PAGE FOR DEFINITION OF RESIDENT AND DEPENDENT(S) - IF YOU HAVE NO DEPENDENTS, PLEASE GO TO THE RESIDENCY SECTION OF THE FORM.

SPOUSE'S LEGAL NAME (FIRST / SECOND / SURNAME)		BIRTHDATE (MM / DD / YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PERSONAL HEALTH NUMBER 9	
STATUS IN CANADA (DOCUMENTS REQUIRED)	HAS SPOUSE LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, MOST RECENT (MM / DD / YYYY) MOVE TO BC	FROM (PROVINCE OR COUNTRY)		
1ST CHILD'S LEGAL NAME (FIRST / SECOND / SURNAME)					
STATUS IN CANADA (DOCUMENTS REQUIRED)		BIRTHDATE (MM / DD / YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PERSONAL HEALTH NUMBER 9	
STATUS IN CANADA (DOCUMENTS REQUIRED)	HAS CHILD LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, MOST RECENT (MM / DD / YYYY) MOVE TO BC	FROM (PROVINCE OR COUNTRY)		
2ND CHILD'S LEGAL NAME (FIRST / SECOND / SURNAME)					
STATUS IN CANADA (DOCUMENTS REQUIRED)		BIRTHDATE (MM / DD / YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PERSONAL HEALTH NUMBER 9	
STATUS IN CANADA (DOCUMENTS REQUIRED)	HAS CHILD LIVED IN BC SINCE BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, MOST RECENT (MM / DD / YYYY) MOVE TO BC	FROM (PROVINCE OR COUNTRY)		

IF YOU HAVE MORE DEPENDENTS, PLEASE CHECK BOX AND ATTACH AN ADDITIONAL SHEET.

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

CHILD'S NAME	SCHOOL NAME AND FULL ADDRESS	DATE STUDIES WILL BE FINISHED	MM	DD	YYYY
SEE NEXT PAGE REGARDING OUT-OF-PROVINCE STUDENTS		IF SCHOOL OUTSIDE BC, PROVIDE ORIGINAL DEPARTURE DATE	MM	DD	YYYY

DO YOU PLAN TO LIVE IN BC PERMANENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOST RECENT MOVE TO CANADA (if different from move to BC) (MM / DD / YYYY)	DO YOU OR ANY FAMILY MEMBER PLAN TO BE AWAY FROM BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE NEXT SIX MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, SEE NEXT PAGE REGARDING ABSENCES				
WHAT WAS YOUR HEALTH INSURANCE NUMBER IN YOUR FORMER PROVINCE OR COUNTRY?	IF ANYONE LISTED IS AN ACTIVE MEMBER OR HAS RECENTLY BEEN RELEASED FROM THE CANADIAN ARMED FORCES, RCMP, OR AN INSTITUTION, PLEASE PROVIDE THE FOLLOWING:	NAME	ACTIVE	DATE OF DISCHARGE
			<input type="checkbox"/> Y <input type="checkbox"/> N	MM / DD / YYYY

DECLARATION - MUST BE SIGNED	
<ul style="list-style-type: none"> 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 <i>Medicare Protection Act</i> 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 <i>Medicare Protection Act</i> 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. 	
SIGNATURE OF APPLICANT	DATE SIGNED
SIGNATURE OF SPOUSE	DATE SIGNED

THIS SECTION TO BE COMPLETED BY YOUR PAY OR PENSION OFFICE OR UNION WELFARE PLAN

EMPLOYER / ASSOCIATION AUTHORIZATION	COVERAGE IS REQUESTED THE FIRST DAY OF	DEPARTMENT / PAYLIST NUMBER	
	MM	YYYY	
			EMPLOYEE / PENSION NUMBER

IMPORTANT INFORMATION

Eligibility for provincial health care benefits is based on residency in British Columbia. Residents are required, by law, to enroll themselves and their dependents with MSP. 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 - means a resident who is either married to or is 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 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.

CITIZENSHIP/IMMIGRATION STATUS: Include with this form, photocopies of documents to show legal name and documents to support Canadian citizenship or the immigration status of the persons (including newborns) listed on the previous page. This information will be used to determine eligibility for enrollment and when benefits can begin. **(Photocopies must be included or application will be returned.)**

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 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 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 listed on this application have been outside BC for more than 30 days in total 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 benefits.

OUT-OF-PROVINCE STUDENT: Residents who leave BC temporarily to attend school or university may be eligible for benefits for the duration of studies provided they are in full-time attendance at an accredited educational facility, and are enrolled in a program that leads to a degree or certificate recognized in Canada.

CHANGE OF PERSONAL INFORMATION: If the names or birthdate which appear on the CareCard need changing, you are required to include a photocopy of a legal document indicating the cardholder's correct name or birthdate (such as one of the documents listed under STATUS IN CANADA or a marriage certificate or change of name certificate).

RESIDENTIAL AND MAILING ADDRESS: ALL CHANGES OF ADDRESS MUST BE REPORTED IMMEDIATELY TO MSP

As you must be a resident of British Columbia to be eligible for provincial health benefits, your current residential address is required. An application received without a residential address will be returned.

LEGISLATION: All information is subject to change in accordance with the *Medicare Protection Act* and Regulations and the *Hospital Insurance Act* and Regulations. If a discrepancy exists between the information MSP has provided on this application and the legislation, the legislation will prevail.

Personal information on this form is collected under the authority of the *Medicare Protection Act*. The information is used to determine residency in BC and determine eligibility for provincial health care benefits. If you have any questions about the collection of this information, contact a Health Insurance BC client service representative at the address and telephone numbers shown. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.