



**MEDICAL SERVICES PLAN (MSP)
CHANGE REQUEST**

This application is for registered Status Indians who are assisted by Health Canada, and must be authorized by the Health Canada BC Region Office.

SUBMIT COMPLETED FORM TO HEALTH CANADA AT THE ADDRESS LISTED AT THE BOTTOM.

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 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.

WAIT PERIOD: New and returning residents must complete a wait period before benefits begin. Generally, this is the balance of the month of arrival in BC plus two months. If absences from Canada exceed a total of 30 days in this period, eligibility may be affected.

1 CHANGE REQUEST

I AM SUBMITTING THIS FORM TO (PLEASE MARK (X) ALL BOXES THAT APPLY):

- CHANGE/CORRECT ACCOUNT HOLDER'S INFORMATION – Complete sections 2 (with new/correct information) and 4, and submit form to Health Canada to authorize (section 5). Legal documents are required for Health Insurance BC to confirm a change or correction.
For example, provide a photocopy of your proof of Status in Canada (see examples on page 2) or marriage/change of name certificate.
- CHANGE ADDRESS INFORMATION – Complete sections 2, 3, 4 and submit form to Health Canada to authorize (section 5).
- ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A SPOUSE – On page 2, complete section 6 and, if you are adding a spouse, section 8. On this page complete sections 2, 4 and submit form to Health Canada to authorize (section 5). **Provide photocopies of all applicable documents** as explained in section 6 on page 2.
- ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A CHILD – On page 2, complete section 7 and, if you are adding a child, section 8. On this page complete sections 2, 4 and submit form to Health Canada to authorize (section 5). **Provide photocopies of all applicable documents** as explained in section 7 on page 2.

2 ACCOUNT HOLDER INFORMATION – THIS SECTION MUST BE COMPLETED

ACCOUNT HOLDER LEGAL LAST NAME			ACCOUNT HOLDER LEGAL FIRST NAME			ACCOUNT HOLDER LEGAL SECOND NAME		
GROUP NUMBER			PERSONAL HEALTH (CARECARD) NUMBER			FULL STATUS NUMBER		
BIRTHDATE (MM / DD / YYYY)			GENDER					
TELEPHONE NUMBER								

3 ADDRESS CHANGE – PLEASE PROVIDE NEW ADDRESS INFORMATION

RESIDENTIAL ADDRESS	CITY	PROV	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)	CITY	PROV	POSTAL CODE

4 AUTHORIZATION – MUST BE SIGNED (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)

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 Services 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.

SIGNATURE OF ACCOUNT HOLDER	SIGNATURE OF ACCOUNT HOLDER'S SPOUSE	DATE SIGNED (MM / DD / YYYY)

5 HEALTH CANADA AUTHORIZATION – MUST BE SIGNED BY A HEALTH CANADA REPRESENTATIVE

HEALTH CANADA AUTHORIZATION	THE ABOVE INFORMATION IS SUPPORTED BY	
	COMMUNITY HEALTH REPRESENTATIVE	TELEPHONE NUMBER
MEDICAL SERVICES BRANCH REPRESENTATIVE	ADDRESS	

Personal information on this form is collected under the authority of the *Medicare Protection Act*. The information will be used to determine residency in BC and determine eligibility for provincial health care benefits. 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. If you have any questions about the collection of this information, contact Health Insurance BC at (Lower Mainland) 604 683-7520, (Rest of BC) 1 877 955-5656. Web: www.hibc.gov.bc.ca

SUBMIT THIS FORM TO HEALTH CANADA AT:

First Nations and Inuit Health, Non-Insured Health Benefits - BC Region,
540 - 757 West Hastings Street, Vancouver BC V6C 1A1. Tel: 604 666 3331 or 1 800 317-7878, Fax: 1 888 299-9222

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.

6 SPOUSE

SPOUSE LEGAL LAST NAME		SPOUSE LEGAL FIRST NAME		SPOUSE LEGAL SECOND NAME	
PERSONAL HEALTH (CARECARD) NUMBER		BIRTHDATE (MM / DD / YYYY)	GENDER	STATUS INDIAN?	FULL STATUS NUMBER
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CHANGE/CORRECT SPOUSE'S INFORMATION LEGAL DOCUMENTS ARE REQUIRED FOR MSP TO CONFIRM A CHANGE OR CORRECTION. **PROVIDE PHOTOCOPY OF APPLICABLE DOCUMENT**; E.G. PROOF OF STATUS IN CANADA (SEE BELOW) OR MARRIAGE/CHANGE OF NAME CERTIFICATE

REMOVE SPOUSE FROM PLAN CANCELLATION DATE (MM / DD / YYYY) REASON FOR CANCELLATION

SPOUSE'S CURRENT MAILING ADDRESS CITY PROV POSTAL CODE

ADD SPOUSE TO PLAN

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.

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.

MARRIAGE DATE (MM / DD / YYYY) SPOUSE'S PREVIOUS LAST NAME (IF APPLICABLE)

HAS SPOUSE LIVED IN BC SINCE BIRTH? MM / DD / YYYY FROM (PROVINCE OR COUNTRY)

YES NO IF NO, MOST RECENT MOVE TO BC →

IS THIS A PERMANENT MOVE? REG. # OF MEDICAL PLAN IN PREVIOUS PLACE OF RESIDENCE

YES NO

7 CHILD

IF YOU ARE ADDING, REMOVING OR CHANGING INFORMATION FOR MORE THAN ONE CHILD, PLEASE MARK BOX () , ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION.

CHILD LEGAL LAST NAME		CHILD LEGAL FIRST NAME		CHILD LEGAL SECOND NAME	
PERSONAL HEALTH (CARECARD) NUMBER		BIRTHDATE (MM / DD / YYYY)	GENDER	FULL STATUS NUMBER	
			<input type="checkbox"/> M <input type="checkbox"/> F		

CHANGE/CORRECT CHILD'S INFORMATION LEGAL DOCUMENTS ARE REQUIRED FOR MSP TO CONFIRM A CHANGE OR CORRECTION. **PROVIDE PHOTOCOPY OF APPLICABLE DOCUMENT**; E.G. PROOF OF STATUS IN CANADA (SEE BELOW) OR CHANGE OF NAME CERTIFICATE

REMOVE CHILD FROM PLAN CANCELLATION DATE (MM / DD / YYYY) REASON FOR CANCELLATION

CHILD'S CURRENT MAILING ADDRESS CITY PROV POSTAL CODE

ADD CHILD TO PLAN

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.

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

HAS CHILD LIVED IN BC SINCE BIRTH? MM / DD / YYYY FROM (PROVINCE OR COUNTRY)

YES NO IF NO, MOST RECENT MOVE TO BC →

IS THIS A PERMANENT MOVE? REG. # OF MEDICAL PLAN IN PREVIOUS PLACE OF RESIDENCE

YES NO

ADOPTION DATE (MM / DD / YYYY)

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

IF THE ABOVE CHILD IS 19 TO 24 YEARS OF AGE AND ATTENDING SCHOOL ON A FULL-TIME BASIS, PLEASE ALSO COMPLETE THE SECTION BELOW.

SCHOOL NAME AND FULL ADDRESS

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

If studying outside BC, the absence must be temporary and solely for the purpose of attending full-time studies at an accredited educational facility in a program which leads to a degree or certificate recognized in Canada.

8 ADDITIONAL REQUIRED INFORMATION - FAILURE TO PROVIDE THIS INFORMATION MAY AFFECT ELIGIBILITY FOR BENEFITS

HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL IN THE PAST 12 MONTHS? YES NO IF YES, PROVIDE DETAILS BELOW.

WILL YOU OR ANY FAMILY MEMBER BE OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT 6 MONTHS? YES NO IF YES, PROVIDE DETAILS BELOW.

DEPARTURE DATE (MM / DD / YYYY) RETURN DATE (MM / DD / YYYY) FAMILY MEMBER NAME, REASON FOR DEPARTURE AND LOCATION

IF ANYONE LISTED IS AN ACTIVE MEMBER OF, OR HAS BEEN RELEASED FROM, THE CANADIAN ARMED FORCES, RCMP OR AN INSTITUTION, PROVIDE NAME AND, IF APPLICABLE, DISCHARGE DATE:

NAME (MM / DD / YYYY)