

MEDICAL SERVICES PLAN CHANGE OF PAYER APPLICATION

Your connection with Medical Services Plan and PharmaCare.

Mailing Address: PO Box 9140 Stn Prov Govt, Victoria BC V8W 9E5 Tel: (Vancouver) 604 683-7520, (Other Areas Within BC) 1 877 955-5656 Fax: 250 405-3594 Web: www.hibc.gov.bc.ca

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. 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 above. 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.

This application can only be completed if you (and any family members if applicable):

- are Canadian citizens or holders of permanent resident status (landed immigrants), and
- have not been outside British Columbia for more than 60 days during the past 12 months, and
- have been issued a CareCard with a Personal Health Number that can be recorded on this application.

In all other situations, you must complete a regular Application for Group Enrollment and give it to your group administrator.

4	А.																										
GROUP NUMBER				ACCOUNT NUMBER						EMPLOYEE / PENSION NUMBER						DEPT/ PAYLIST NUMBER											

B. EMPLOYEE'S ADDRESS

RESIDENTIAL ADDRESS - SEE NEXT PAGE REGARDING ADDR	ESS	MAILING ADDRESS - IF DIFFERENT FROM RESIDENTIAL ADDRESS						
CITY	POSTAL CODE	CITY	POSTAL CODE					

C. EMPLOYEE AND FAMILY MEMBER(S) PERSONAL INFORMATION

EMPLOYEE/MEMBER'S LEGAL NAME (FIRST/SECOND/SURNAME)	BIRTHDATE MM DD YYYY	GENDER PERSONAL HEALTH NUMBER
		□m □f 9
SPOUSE'S LEGAL NAME (FIRST/SECOND/SURNAME)	BIRTHDATE MM DD YYYY	GENDER PERSONAL HEALTH NUMBER
		□m □f 9
1ST CHILD'S LEGAL NAME (FIRST/SECOND/SURNAME)	BIRTHDATE MM DD YYYY	GENDER PERSONAL HEALTH NUMBER
		□m □f 9
2ND CHILD'S LEGAL NAME (FIRST/SECOND/SURNAME)	BIRTHDATE MM DD YYYY	GENDER PERSONAL HEALTH NUMBER
		□m □f 9

IF MORE CHILDREN, PLEASE INCLUDE ALL PARTICULARS ON A SEPARATE 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	MM	DD	YYYY
		WILL BE FINISHED			
			1	1	
SEE NEXT PAGE REGARDING		IF SCHOOL IS OUTSIDE	MM	DD	YYYY
OUT-OF-PROVINCE STUDENTS		BC, PROVIDE ORIGINAL			
		DATE OF DEPARTURE		1	

D. DECLARATION - MUST BE SIGNED

- · 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 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 agree that my group administrator may notify MSP when my group coverage or personal information changes. I understand that MSP may have authorized my employer to directly update my MSP records with these changes.
- · I declare that all persons listed are residents of British Columbia.

SIGNATURE OF APPLIC	ΔΝΤ	THIS SECTION TO BE COMPLETED BY YOUR PAY OR PENSION OFFICE OR UNION WELFARE PLAN									
		THIS SECTION TO BE COMPLETED BY TOOKTAT OKTENSION OFFICE									
		EMPLOYER / ASSOCIATION AUTHORIZATION		GE IS REQUESTED FIRST DAY OF							
DATE SIGNED	DAYTIME TELEPHONE NUMBER		MM	YYYY							

IMPORTANT INFORMATION

Provincial benefits are available to residents of British Columbia only. 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 and cohabiting 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 resident who is a child of a beneficiary or a resident 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

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.

ABSENCES

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.

CHANGE OF PERSONAL INFORMATION

If the names which appear on the CareCard need changing, you are required to include a photocopy of a legal document indicating the cardholder's correct name (such as a Canadian birth certificate, Canadian citizenship card, 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.

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.