BRITISH COLUMBIA | Health InsuranceBC
The Best Place on Earth

MEDICAL SERVICES PLAN (MSP)

GROUP COVERAGE CANCELLATION

TO CANCEL ENTIRE CONTRACT ONLY

PLEASE PRINT IN CAPITAL LETTERS ONLY: 1 2 3 4 A B C D

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 Health Insurance BC at the address or telephone numbers shown below. 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.

TO BE COMPLETED BY COMPENSATION SPECIALIST / PAY OFFICE / PENSION OFFICE

LEGAL LAST NAME | LEGAL FIRST NAME | LEGAL SECOND NAME

MAILING ADDRESS

APT / UNIT | STREET NUMBER | STREET NAME

CITY | PROV | POSTAL CODE

BIRTHDATE (MM / DD / YYYY) | EMPLOYEE / PENSION NUMBER | GROUP NUMBER

PERSONAL HEALTH (CARECARD) NUMBER | MSP ACCOUNT NUMBER

To cancel coverage for employee / pensioner and all dependants

Group coverage is cancelled on the last day of the month unless it is being cancelled as of the effective date. Please refer to your Group Procedure Guide for more information.

GROUP COVERAGE WILL CEASE ON THIS DATE (MM / DD / YYYY)

IF MOVING / MOVED OUTSIDE BC, DATE OF MOVE (MM / DD / YYYY)

REASON FOR CANCELLATION (CHOOSE ONE)

☐ TERMINATED ☐ MOVED OUT OF PROVINCE ☐ OTHER COVERAGE ☐ DECEASED

AUTHORIZATION - THIS SECTION MUST BE COMPLETED

ADDRESS OF PAYROLL / PENSION OFFICE | POSTAL CODE

AREA CODE AND PHONE NUMBER | LOCAL | DATE AUTHORIZED (MM / DD / YYYY)

AUTHORIZATION NAME OR STAMP

WHEN THIS FORM HAS BEEN COMPLETED, PLEASE FORWARD TO HEALTH INSURANCE BC
INCOMPLETE OR UNAUTHORIZED FORMS WILL BE RETURNED

Mailing Address: Health Insurance BC, Medical Services Plan, PO Box 9680 Stn Prov Govt, Victoria BC V8W 9P7
Tel: (Lower Mainland) 604 683-7520, (Rest of BC) 1 877 955-5656 Web: www.hibc.gov.bc.ca

HLTH 217 Rev. 2008/12/17

PRINT RESET