



BRITISH
COLUMBIA

Health
InsuranceBC

MEDICAL SERVICES PLAN (MSP) APPLICATION FOR GROUP ENROLMENT

PLEASE PRINT IN CAPITAL LETTERS ONLY

1, 2, 3, 4, A, B, C, D

Before completing this application, please read **IMPORTANT INFORMATION** on page 2.

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 for at least 6 months in a calendar year, or a shorter prescribed period, 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.

THIS SECTION FOR GROUP PLAN AUTHORIZATION ONLY - TO BE COMPLETED BY YOUR PAY OR PENSION OFFICE OR UNION WELFARE PLAN

GROUP NUMBER

3010014

DEPARTMENT / PAYLIST NUMBER

AUTHORIZATION NAME OR STAMP

COVERAGE IS REQUESTED
THE FIRST DAY OF (MM / YYYY)

EMPLOYEE / PENSION NUMBER

1 APPLICANT INFORMATION

APPLICANT LEGAL LAST NAME

NADKARNI

APPLICANT LEGAL FIRST NAME

PRAGATI

APPLICANT LEGAL SECOND NAME

As a person must be a resident of BC to qualify for provincial health care benefits,
your current residential address is required.

BIRTHDATE (MM / DD / YYYY)

12.07.1966

GENDER

☐ M
☒ F

DAYTIME TELEPHONE NUMBER

604.442.7873

RESIDENTIAL ADDRESS

8111-1, 160 Street

CITY

SURREY

PROV

BC V4N0X4

POSTAL CODE

MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY

PROV

POSTAL CODE

2 RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION

A STATUS IN CANADA - PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS (DO NOT SEND ORIGINALS)

☒ 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.

B HAVE YOU HAD MSP COVERAGE PREVIOUSLY?

☒ YES ☐ NO (IF NO, GO TO "C")

IF YES, PROVIDE →

PERSONAL HEALTH NUMBER (PHN)

973.826.2363

(MM / DD / YYYY)

C HAVE YOU LIVED IN BC SINCE BIRTH?

☐ YES ☒ NO (IF YES, GO TO "D")

MOST RECENT MOVE TO BC →

07.10.2015

MOST RECENT MOVE TO CANADA

(IF DIFFERENT FROM DATE OF MOVE TO BC) →

01.15.2004

PROVINCE OR COUNTRY MOVED FROM

ONTARIO, CANADA

PREVIOUS HEALTH NUMBER

D HAVE YOU OR ANY FAMILY MEMBER BEEN OUTSIDE BC FOR MORE THAN 30 DAYS IN TOTAL DURING THE PAST 12 MONTHS? ☐ YES ☒ NO (IF NO, GO TO "E")

DEPARTURE DATE (MM / DD / YYYY)

RETURN DATE (MM / DD / YYYY)

FAMILY MEMBER NAME, REASON FOR DEPARTURE AND LOCATION

**E WILL YOU OR ANY FAMILY MEMBER BE AWAY FROM BC
FOR MORE THAN 30 DAYS IN TOTAL IN THE NEXT SIX MONTHS?**
IF YES, SEE RESIDENCY, PAGE 2.

☐ YES ☒ NO

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

(MM / DD / YYYY)

ARE YOU A FULL-TIME STUDENT?

☐ YES ☐ NO

IF YES, WILL YOU RESIDE IN BC ON COMPLETION OF YOUR STUDIES?

☐ YES ☐ NO

IS THIS APPLICATION ALSO FOR A SPOUSE OR CHILD? IF YES, PLEASE COMPLETE PAGE 2.

3 AUTHORIZATION - MUST BE SIGNED (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)

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, 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 APPLICANT

P. Nadkarni

DATE SIGNED (MM / DD / YYYY)

10.30.2018

SIGNATURE OF SPOUSE

DATE SIGNED (MM / DD / YYYY)

10.30.2018

