



BRITISH COLUMBIA

Health InsuranceBC

MEDICAL SERVICES PLAN (MSP) GROUP CHANGE REQUEST



A B C D PLEASE USE CAPITAL LETTERS ONLY

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.

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 take this form to your Group Administrator to authorize (section 5). Legal documents are required for MSP 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 take this form to your Group Administrator to authorize (section 5).
ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A SPOUSE - On page 2, complete section 7 and, if you are adding a spouse, section 9. On this page complete sections 2, 4 and take this form to your Group Administrator to authorize (section 5). Provide photocopies of all applicable documents as explained in section 7 on page 2.
ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A CHILD - On page 2, complete section 8 and, if you are adding a child, section 9. On this page complete sections 2, 4 and take this form to your Group Administrator to authorize (section 5). Provide photocopies of all applicable documents as explained in section 8 on page 2.
CHANGE GROUP PLAN INFORMATION (GROUP ADMINISTRATOR USE ONLY) - Complete sections 2, 5 and 6.

2 ACCOUNT HOLDER INFORMATION - THIS SECTION MUST BE COMPLETED

ACCOUNT HOLDER LEGAL LAST NAME, ACCOUNT HOLDER LEGAL FIRST NAME, ACCOUNT HOLDER LEGAL SECOND NAME, PERSONAL HEALTH NUMBER (PHN), BIRTHDATE (MM / DD / YYYY), GENDER, DAYTIME 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 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 GROUP ADMINISTRATOR - AUTHORIZATION REQUIRED

GROUP NUMBER, AUTHORIZATION NAME OR STAMP

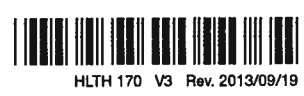
6 CHANGE GROUP PLAN INFORMATION

OLD DEPT / PAYLIST NUMBER, OLD EMPLOYEE / PENSION NUMBER, NEW DEPT / PAYLIST NUMBER, NEW EMPLOYEE / PENSION NUMBER

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 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.

Mailing Address:

I.A.T.S.E. Canada Health Plan Inc. J&D Benefits Inc. 8901 Woodbine Avenue, Suite 228 Markham, ON L3R 9Y4



**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.

**7 SPOUSE**

SPOUSE LEGAL LAST NAME  SPOUSE LEGAL FIRST NAME  SPOUSE LEGAL SECOND NAME

PERSONAL HEALTH NUMBER (PHN)  BIRTHDATE (MM / DD / YYYY)  GENDER  M  F

**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** **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. → STATUS IN CANADA (MARK ONE - )

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

HAS SPOUSE LIVED IN BC SINCE BIRTH?  YES  NO IF NO, MOST RECENT MOVE TO BC →  MM / DD / YYYY FROM (PROVINCE OR COUNTRY)  IS THIS A PERMANENT MOVE?  YES  NO

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.

**8 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 NUMBER (PHN)  BIRTHDATE (MM / DD / YYYY)  GENDER  M  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** **PROVIDE PHOTOCOPIES OF ALL APPLICABLE DOCUMENTS (DO NOT SEND ORIGINALS).** IF LEGAL NAME DOES NOT MATCH, INCLUDE COPY OF CHANGE OF NAME CERTIFICATE, ETC. → STATUS IN CANADA (MARK ONE - )

REQUESTED EFFECTIVE DATE (MM / DD / YYYY)  IF CHILD IS NEWLY ADOPTED, INDICATE DATE OF ADOPTION →  (MM / DD / YYYY) **ENCLOSE PROOF OF ADOPTION**

HAS CHILD LIVED IN BC SINCE BIRTH?  YES  NO IF NO, MOST RECENT MOVE TO BC →  MM / DD / YYYY FROM (PROVINCE OR COUNTRY)  IS THIS A PERMANENT MOVE?  YES  NO

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.

**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.

**9 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)