

MEDICAL SERVICES PLAN (MSP) GROUP CHANGE REQUEST



Residents of BC are required, by law, to enrol themselves and to enrol their spouse and children who are residents of BC.

A,B,C,D PLEASE USE CAPITAL LETTERS ONLY

The BC Services Card provides access to insured provincial health care benefits for eligible BC residents. If adding a spouse who is a new or returning adult resident, the spouse should first visit an Insurance Corporation of BC (ICBC) driver licensing office to begin a BC Services Card request. To find an ICBC driver licensing office near you, and information about required ID, please visit icbc.com. After the spouse has visited an ICBC driver licensing office, submit this Group Change Request form.

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

tourist or visitor to British Columbia.					
CHANGE REQUEST – MARK ALL THAT APPLY					
CHANGE/CORRECT ACCOUNT HOLDER'S INFORMATION – Complete your Group Administrator to authorize (section 5). Legal documents a	e sections 2 (with new/correct information) and 4, and take this form to are required for MSP to confirm a change or correction.				
CHANGE ADDRESS INFORMATION – Complete sections 2, 3, 4 and take this form to your Group Administrator to authorize.					
ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A SPOUSE - Take this form to your Group Administrator to authorize.	– Complete sections 2 and 7. If you are adding a spouse, complete section 9.				
ADD, REMOVE OR CHANGE/CORRECT INFORMATION FOR A CHILD – C Take this form to your Group Administrator to authorize.	Complete sections 2 and 8. If you are adding a spouse, complete section 9.				
CHANGE GROUP PLAN INFORMATION (GROUP ADMINISTRATOR USE	ONLY) – Complete sections 2, 5 and 6.				
2 ACCOUNT HOLDER INFORMATION – THIS SECTION MUST BE COMPLETED					
	COUNT HOLDER LEGAL FIRST NAME ACCOUNT HOLDER LEGAL SECOND NAME				
PERSONAL HEALTH NUMBER (PHN) BIRTHDATE (MM / DD / YYYY)	GENDER DAYTIME TELEPHONE NUMBER M F				
ADDRESS CHANGE - PLEASE PROVIDE NEW ADDRESS INFORMATION					
RESIDENTIAL ADDRESS	CITY PROV POSTAL CODE				
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)	CITY PROV POSTAL CODE				
AUTHORIZATION – MUST BE SIGNED (DO NOT CHANGE TEXT OF AUTHOR.	IZATION BELOW)				
Ministry of Health programs, and that practitioners who provide servi relative to those services to MSP to support claims for benefits. I declare that all information provided is true and I understand that the	ority of the <i>Medicare Protection Act</i> and may be used to assess eligibility for other ice(s) under MSP are required under the <i>Medicare Protection Act</i> to release information ne Ministry and/or Health Insurance BC may verify this information with immigration, agencies and persons as appropriate. I declare that all persons listed are residents of				
SIGNATURE OF ACCOUNT HOLDER SIGNATURE OF ACCOUNT HO	OLDER'S SPOUSE DATE SIGNED (MM / DD / YYYY)				
GROUP ADMINISTRATOR – AUTHORIZATION REQUIRED	6 CHANGE GROUP PLAN INFORMATION				
GROUP NUMBER AUTHORIZATION NAME OR STAI	MP OLD DEPT / PAYLIST NUMBER OLD EMPLOYEE / PENSION NUMBER				
SPOUSE EFFECTIVE DATE, IF APPLICABLE (MM / DD / YYYY)	NEW DEPT / PAYLIST NUMBER NEW EMPLOYEE / PENSION NUMBER				
	ction 26 (a), (c) and (e) of the Freedom of Information and Protection of Privacy Act for the purposes of administration ar personal information, please contact the Health Insurance BC Chief Privacy Office at Health Insurance BC, Chief (ancouver) or 1 800 663-7100 (toll-free).				
SPOUSE STORE	like solationals in with the analyses and may be of the sound or other than the sound of the sou				
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. SPOUSE LEGAL LAST NAME SPOUSE LEGAL SECOND NAME					
STOCKED TO THE STOCKED	SOUR ELGAL SECOND NAME				
PERSONAL HEALTH NUMBER (PHN) BIRTHDATE (MM / DD/YYYY)	GENDER				
	Continued on p. 2				

HLTH 170 V8 Rev. 2019/07/08

ı	7 SPOUSE (CONTINUED)			
• [LCHANGE/CODDECT COOLICE/C INFORMATION		ONFIRM A CHANGE OR CORRECTION. PROVIDE PHOTOCOPY OF N CANADA (SEE BELOW) OR MARRIAGE/CHANGE OF NAME CERTIFICATE.	
• [ADD SPOUSE TO PLAN: COMPLETE STEPS 1 AND 2, SUBMIT COPIES OF DOCU	MENTS AS REQUIRED. If legal name doe	s not match, include copy of marriage/change of name certificate, etc.	
	1. SPOUSE ENROLMENT IN MSP:	2. ADDITIONAL DETAILS:		
	A. My spouse is currently enrolled in MSP (go to Step 2); OR	MARRIAGE DATE (MM / DD / YYYY)	SPOUSE'S PREVIOUS LAST NAME (IF APPLICABLE)	
	B. My spouse is not currently enrolled in MSP (indicate their status in Canada below and submit copies of the required documents to verify identity and			
	citizenship status, then go to Step 2):	HAS SPOUSE LIVED IN BC SINCE E	IRTH? MM / DD / YYYY FROM (PROVINCE OR COUNTRY)	
	CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport	YES NO NO NOVE 1	O RC	
	HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing,		REG. # OF MEDICAL PLAN IN PREVIOUS PLACE OF RESIDENCE	
	Permanent Resident Card (front & back) or Confirmation of Permanent Residence		REG. # OF MEDICAL FLAN IN FRENIOUS FLACE OF RESIDENCE	
	OTHER – Work or Study Permit, etc.	YES NO		
\	REMOVE SPOUSE FROM PLAN: COMPLETE STEPS 1 AND 2, SUBMIT COPIES (DE DOCUMENTS AS REQUIRED		
	1. INDICATE ONE OF THE FOLLOWING	OF DOCUMENTS AS REQUIRED.	2. CANCELLATION DETAILS:	
	A. I am removing a spouse but we are still married or living in a marriage-like re	lationship (go to Step 2); OR	CANCELLATION DATE (MM / DD / YYYY) REASON FOR CANCELLATION	
	B. I am removing a spouse who has died (go to Step 2); OR			
	C. I am removing a spouse following a divorce or separation (indicate below):			
	My former spouse has moved permanently from British Columbia (go My former spouse is still a resident of British Columbia or I do not know	•	SPOUSE'S MAILING ADDRESS UNKNOWN	
	(submit a photocopy of one of the supporting documents indicated by			
	Divorce decree (if formerly married)		CITY PROV POSTAL CODE	
	Separation agreement (formerly married or common-law) Notarized statement or affidavit (signed by at least one spouse)	(formark, married or common law)	1 105 105 105 105 105 105 105 105 105 10	
	Statement dated and signed by you and/or your spouse includi	•		
	• the date of your divorce or separation • full names of you and	your former spouse		
	 your former spouse's current address, or an indication that the Account Numbers or PHNs for you and your spouse. 	address is unknown		
8 (CHILD			
		, ,	ee of a parent, and who is a minor, does not have a spouse, and is supported by the benefit	ficiary.
Γ	CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	CHILD LEGAL SECOND NAME	
P	PERSONAL HEALTH NUMBER (PHN) BIRTHDATE (MM / DD/ YYYY)	GENDER		
			■ IF YOU ARE ADDING, REMOVING OR CHANGING INFORMATION FOR MORE T	THAN
		M F	ONE CHILD, MARK THE BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION.	
		MENTS ARE REQUIRED FOR MSP TO C	ALL INFORMATION. DNFIRM A CHANGE OR CORRECTION. PROVIDE PHOTOCOPY OF	
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