BRITISH COLUMBIA

MSP (Medical Services Plan)

- mandatory for all eligible residents and their dependents

Eligibility

- **Study permit of 6 months or more**
- **Effective after a 3-month waiting period**
- **1-2 months for processing**

Apply Online
https://my.gov.bc.ca/ahdc/msp-eligibility

British Columbia Application for Health and Drug Coverage (AHDC)

Part One: Step 1

MSP Enrolment — Fair PharmaCare — Supplementary Benefits — Select Programs

British Columbia Application for Health and Drug Coverage

B.C. residents can apply for one, two or three programs using this form:

- Medical Services Plan
- Fair PharmaCare
- Supplementary Benefits

Answer the following questions to see which programs you are eligible for and make sure you have what you need to apply.

Medical Services Plan (MSP) eligibility

1. Will you use this form to apply for MSP?

- (●) Yes
- ( ) No, I am already enrolled. Continue to Fair PharmaCare. You will need to provide your Personal Health Number.

2. Do you currently live in B.C. and have B.C. address where you can receive mail?

- (●) Yes
- ( ) No

British Columbia Application for Health and Drug Coverage (AHDC)

3. Will anyone included in this application be away from B.C. for more than 30 days in total during the next six months?

- ○ Yes
- ◉ No

4. Is anyone included in this application: a student returning to a province outside B.C. at the end of a conure or program; an unaccompanied minor, or a person seeking refugee status?

- ○ Yes
- ◉ No

5. To apply for MSP, you must upload a digital copy of one the documents below for each person included in this application. The document must show full legal name and legal status in Canada.

Canadian Citizens	Permanent Residents	Temporary Document Holders
• Canadian birth certificate • Canadian Citizenship Card (front and back) • Certificate of Canadian Citizenship (front and back) • Canadian passport • First Nations status card • Métis status card	• Record of Landing • Confirmation of Permanent Residence • Permanent resident card (front and back)	• Study permit • Work permit (Working Holiday permit must include a letter of employment) • Visitor permit (accompanying spouse or child)

Do you have digital copies of the documents for each person included in this application?

- ◉ Yes
- ○ No

British Columbia Application for Health and Drug Coverage (AHDC)

British Columbia Application for Health and Drug Coverage (AHDC)

MSP Enrolment — Fair PharmaCare — Supplementary Benefits — **Select Programs**

Part One: Step 4

Select programs

Based on the information you provided, you are eligible to apply for the programs indicated below. If you choose not to apply for a program, remove the checkmark from that program.

- [x] MSP Enrolment
- [ ] Fair PharmaCare
  Eligibility questionnaire not answered.
- [ ] Supplementary Benefits
  Eligibility questionnaire not answered.

Information collection notice

Your personal information is collected by the Ministry of Health under the authority of sections 26(a) and (c) of the *Freedom of Information and Protection of Privacy Act (FIPPA).* It is collected for the purpose of administering Medical Services Plan and Supplementary Benefits under the *Medicare Protection Act,* and to determine, verify and administer your and your family's Fair PharmaCare coverage under the *Pharmaceutical Services Act.* If you have questions about the collection of personal information on this form, contact the HIBC Chief Privacy Officer at PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3; or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll free).

Captcha successfully verified.

Part One: Completed

- [x] **I have read and understand this information**

Continue

BRITISH COLUMBIA

Apply Online

BRITISH COLUMBIA British Columbia Application for Health and Drug Coverage (AHDC)

Select Programs — **Applicant** — Spouse — Child — Contact — Review — Submit

Add personal information and upload documents

Applicant information

Part Two: Step 1

First name

Mary

Middle name (optional)

Last name

Smith

Birthdate

October 11 2000

Gender

- Male (M)
- Female (F)
- X

Your status in Canada

Provide your immigration status. You will need to upload documents that show your status in Canada. For arrivals through the Canada-Ukraine authorization for emergency travel (CUAET) program, please select 'Temporary Permit Holder or Diplomat' from the menu below.

Immigration status in Canada

Temporary document holder or diplomat

- Work permit / CUAET
- Study permit
- Religious worker
- Diplomat

BRITISH COLUMBIA

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Documents

Provide a copy of an accepted document that shows your status in Canada. If your name is different from the name on the document, you must also upload a copy of a marriage certificate, divorce decree, or name change certificate that shows your full legal name.

Part Two: Step 2

Document type

Study permit

Does the document that shows your status in Canada match your selected gender designation?

- ○ No
- ◉ Yes

Select a file

Click add, or drag and drop a file into this box

Add

Study Permit

Tip

Document samples:

Record of Landing

Scan the document or take a photo of it.

Make sure that it is:

- The entire document, from corner to corner
- Rotated correctly (not upside down or sideways)
- In focus and easy to read
- A JPG, PNG, GIF, BMP or PDF file

Is your name different from the name on your document?

- ◉ No
- ○ Yes

If you changed your name since your ID was issued, please select 'Yes'

Moving information

Part Two: Step 3

BRITISH COLUMBIA
Apply Online

From which province or jurisdiction?

Japan ← Country

Have you moved to B.C. permanently?

- ○ No
- ◉ Yes

A permanent move means that you intend to make BC your primary residence for 6 months or longer. If you leave BC within 6 months of enrolling for MSP, you may have to repay your medical expenses.

Arrival date in B.C.

August | 31 | 2022

Arrival date in Canada

August | 31 | 2022

Check your study permit and enter accordingly.

Since you arrived in B.C., have you left the province for more than 30 days in total in the past 12 months?

If you have been living B.C. for less than 12 months, please indicate any absences since arrival.

- ◉ No
- ○ Yes

Do you have a previous B.C. Personal Health Number?

- ◉ No
- ○ Yes

Are you a full-time student in B.C.?

- ○ No
- ◉ Yes

BRITISH COLUMBIA

British Columbia Application for Health and Drug Coverage (AHDC)

Select Programs — Applicant — **Spouse** — Child — Contact — Review — Submit

Part Two: Step 4

Spouse information

To be eligible for coverage, a spouse must be a B.C. resident.

Do you have a spouse or common-law partner?

- ○ No
- ○ Yes

If you have a spouse / a child who is already in BC with a valid work or study permit, you can add your spouse/child to your application. You are required to provide their information and provide supporting documents.

BRITISH COLUMBIA

British Columbia Application for Health and Drug Coverage (AHDC)

Select Programs — Applicant — Spouse — **Child** — Contact — Review — Submit

Part Two: Step 5

Child information

A child is under 19 years old, and the applicant is their parent or legal guardian.

A dependent post-secondary student is a 19- to 24-year-old who is supported by parent(s) or guardian(s), has no spouse, and is enrolled full-time in a recognized post-secondary institution.

Do you have a child who also needs to enrol?

- ○ No
- ○ Yes

BRITISH COLUMBIA

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BRITISH COLUMBIA British Columbia Application for Health and Drug Coverage (AHDC)

Select Programs — Applicant — Spouse — Child — **Contact** — Review — Submit

Contact information

Residential address

Your residential address is the address where you currently live in B.C.

Full street address

1000 K.L.O. RD

Address Line 2 (optional)

Address Line 3 (optional)

Mailing address

Enter your mailing address if it is different from your residential address.

My Mailing Address is Different

Part Two: Step 6

City

KELOWNA

Province

British Columbia

Jurisdiction

Canada

Postal Code

V1Y 4X8

☑ This is my mailing address.

Phone

BRITISH COLUMBIA British Columbia Application for Health and Drug Coverage (AHDC)

Select Programs — Applicant — Spouse — Child — Contact — Review — **Submit**

Declaration and consent

Part Two: Completed

Note:

- If someone with power of attorney or other legal representation agreement is signing on your behalf, check the box below and upload a copy of the agreement. Power of attorney or other legal representation will apply to all programs (MSP, Fair PharmaCare and/or Supplementary Benefits) you apply for. For Fair PharmaCare and/or for MSP, copies of the power of attorney agreement may be forwarded to the CRA if they request it.

☐ I have power of attorney or another legal representation agreement

MSP Authorization: Must be signed by applicant, and spouse if applicable

- I have received information about MSP. I agree to abide by the terms and conditions of MSP. I understand that if a discrepancy exists between the information provided and the legislation, the legislation will govern.
- I authorize the Ministry of Health and the Medical Services Commission to collect my health information from practitioners who provide publicly funded health care service(s) to me under MSP and other publicly funded health care programs, and I provide consent for those practitioners to disclose such information to the Ministry of Health and the Medical Services Commission for the purposes of assessing eligibility for, and in regard to the administration of, MSP and other Ministry of Health and the Medical Services Commission publicly funded health care programs.
- I declare that all information provided is true and I understand that the Ministry of Health and the Medical Services Commission 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.

☑ Mary Smith

Submit

Date submitted: October 11, 2022

Your Medical Services Plan form has been submitted.

Reference number is: 4738235

Screenshot the reference number

Next steps

- Please **print** this page for your records.
- Health Insurance BC will send you a letter following cancellation of MSP coverage.
- Please contact Health Insurance BC if you have any questions.

Applicant information

Name	**Mary Smith**
Birthdate	**January 1, 2000**
Gender	**Female (F)**
Status in Canada	**Temporary document holder or diplomat > Study permit**
Support document type	**Study permit**
Does status document match gender designation	**Yes**
Has name changed	**No**
Moved to B.C. permanently	**Yes**
Moved from province/jurisdiction	**Japan**
Date arrived in B.C.	**August 31, 2022**
Date arrived in Canada	**August 31, 2022**
Has previous B.C. PHN	**No**
Outside B.C. for more than 30 days in the last year	**No**
Full-time student	**Yes**
Will reside in B.C. on completion of your studies	**No**
Documents	**1 file**

Contact information

Residential Address:

Street Address	**1000 K.L.O. RD**
City	**KELOWNA**
Province	**British Columbia**
Postal Code	**V1Y 4X8**
Jurisdiction	**Canada**

Sample

BRITISH COLUMBIA

Apply Online