

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





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

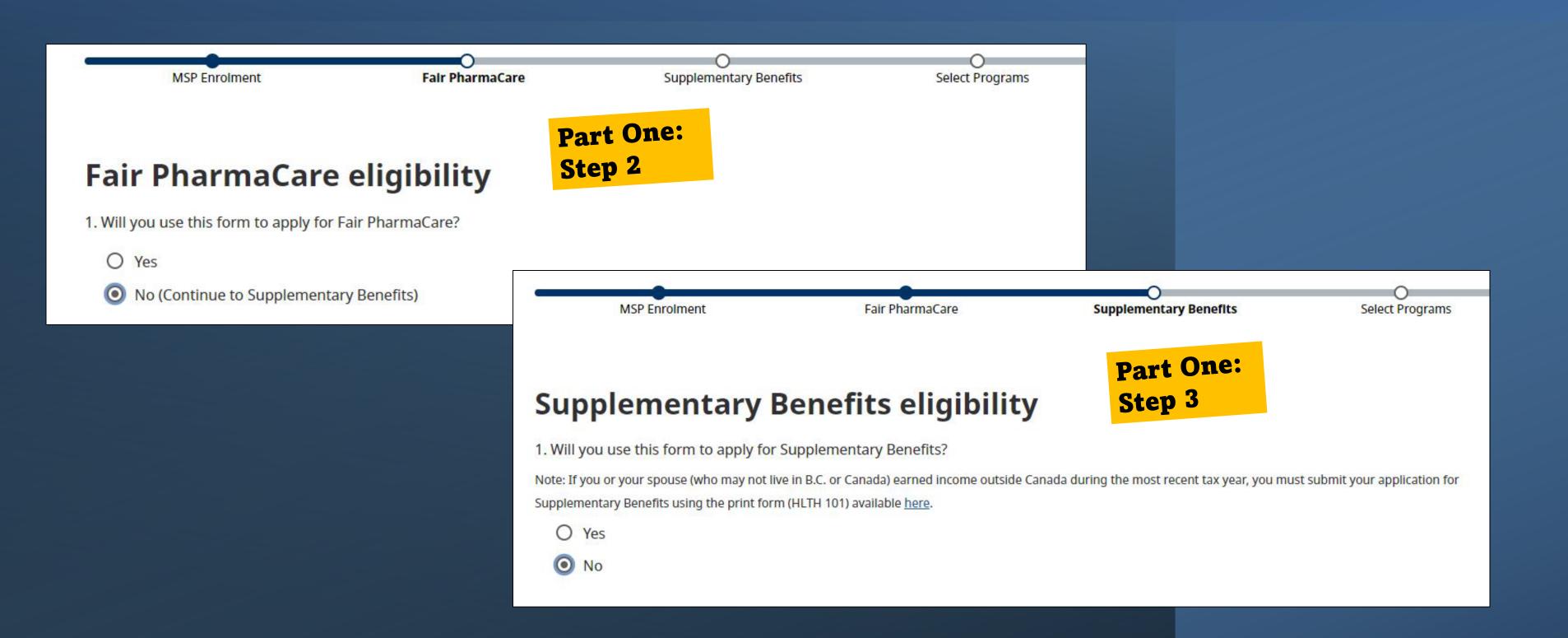
Answer the following questions to see which programs you are eligible for and make sure you have what you need to apply.

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?
 - (e) Yes
 - O No

Will anyone included in this application be	e away from B.C. for more than 30 days in	total during the next six months?
O Yes		
No		
Is anyone included in this application: a stunder and a stunder and a stunder are a stunder, or a person seeking	·	. at the end of a conure or program; an
○ Yes		
No		
To apply for MSP, you must upload a digita	al copy of one the documents below for e	ach person included in this application.
To apply for MSP, you must upload a digita The document must show full legal name a	and legal status in Canada.	
To apply for MSP, you must upload a digital The document must show full legal name a Canadian Citizens	and legal status in Canada. Permanent Residents	Temporary Document Holders
To apply for MSP, you must upload a digita The document must show full legal name a	and legal status in Canada.	Temporary Document Holders • Study permit
To apply for MSP, you must upload a digital The document must show full legal name a Canadian Citizens Canadian Citizens Canadian birth certificate Canadian Citizenship Card (front and back) Certificate of Canadian Citizenship (front	Permanent Residents Record of Landing	Temporary Document Holders Study permit Work permit (Working Holiday permit must include a letter of employment)
To apply for MSP, you must upload a digital The document must show full legal name a Canadian Citizens Canadian Citizens Canadian birth certificate Canadian Citizenship Card (front and back) Certificate of Canadian Citizenship (front and back)	Permanent Residents Record of Landing Confirmation of Permanent Residence	Temporary Document Holders Study permit Work permit (Working Holiday permit must include a letter of employment) Visitor permit (accompanying spouse or
To apply for MSP, you must upload a digital The document must show full legal name a Canadian Citizens Canadian Citizens Canadian birth certificate Canadian Citizenship Card (front and back) Certificate of Canadian Citizenship (front	Permanent Residents Record of Landing Confirmation of Permanent Residence	Temporary Document Holders Study permit Work permit (Working Holiday permit must include a letter of employment)









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.

MSP Enrolment

Fair PharmaCare

Eligibility questionnaire not answered.

Supplementary Benefits

Eligibility questionnaire not answered.

Information collection notice

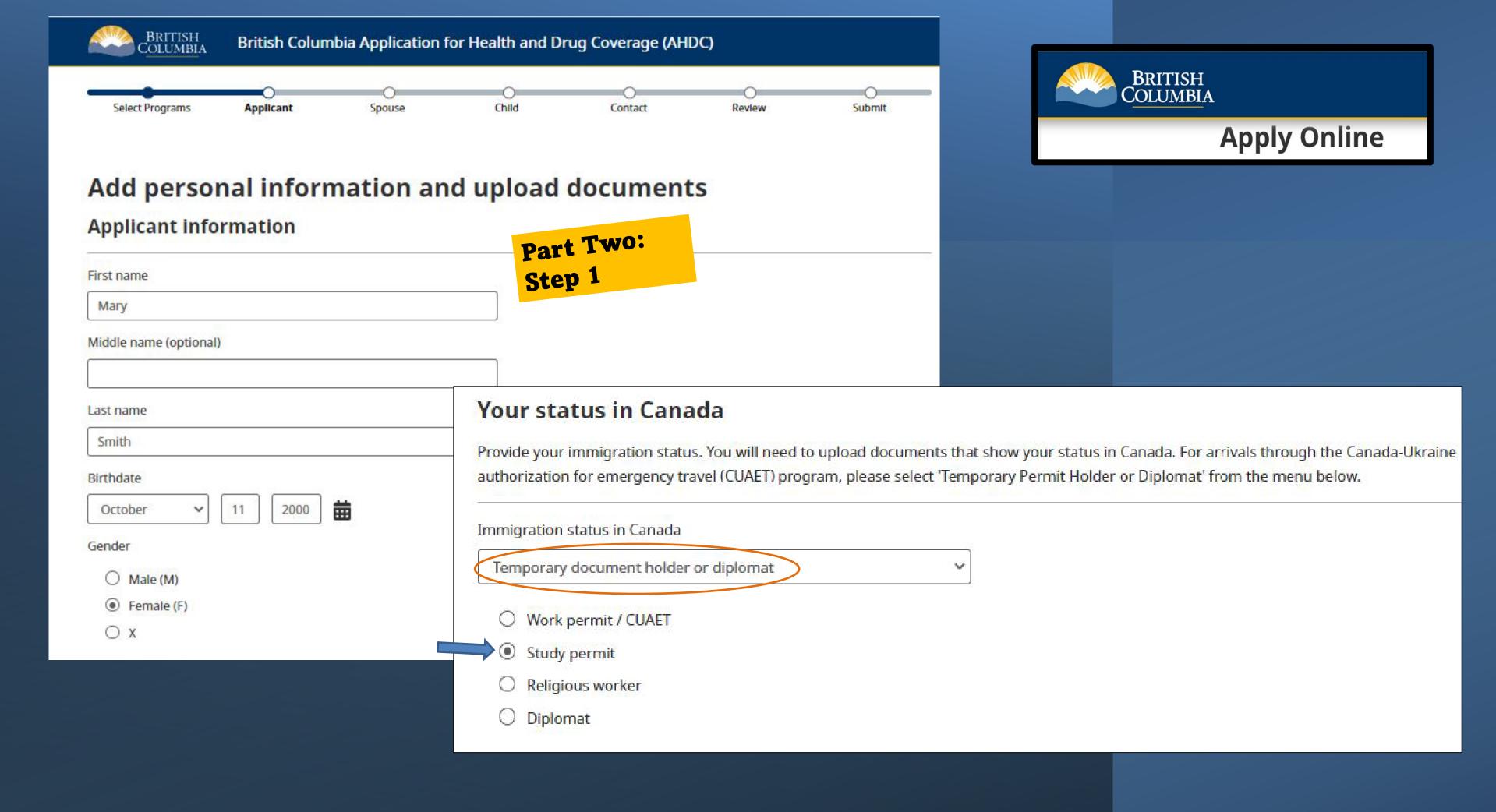
Your personal information is collected by the Ministry of Health under the authority of sections 26(a) and (c) of the Freedom of Information and Protection of Privacy Act (FIPPA). It is collected for the purpose of administering Medical Services Plan and Supplementary Benefits under the Medicare Protection 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.

I have read and understand this information

Part One: Completed

Continue





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.

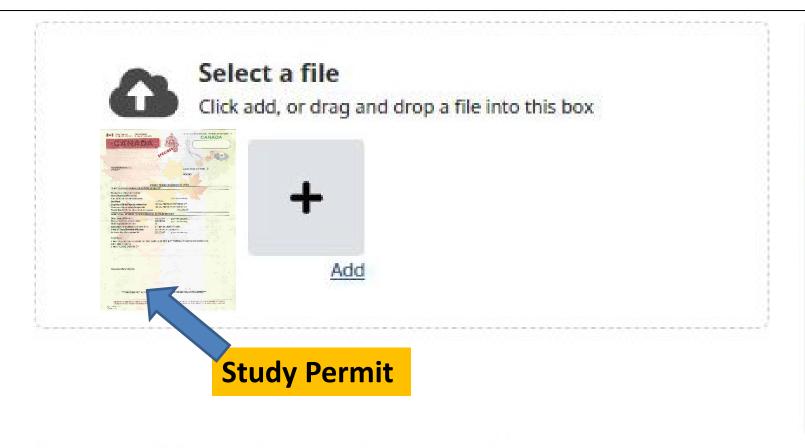
Document type Study permit

Step 2

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

O No

Yes



Apply Online

Tip

Document samples:

Record of Landing

Scan the document or take a photo of it.

Make sure that it is:

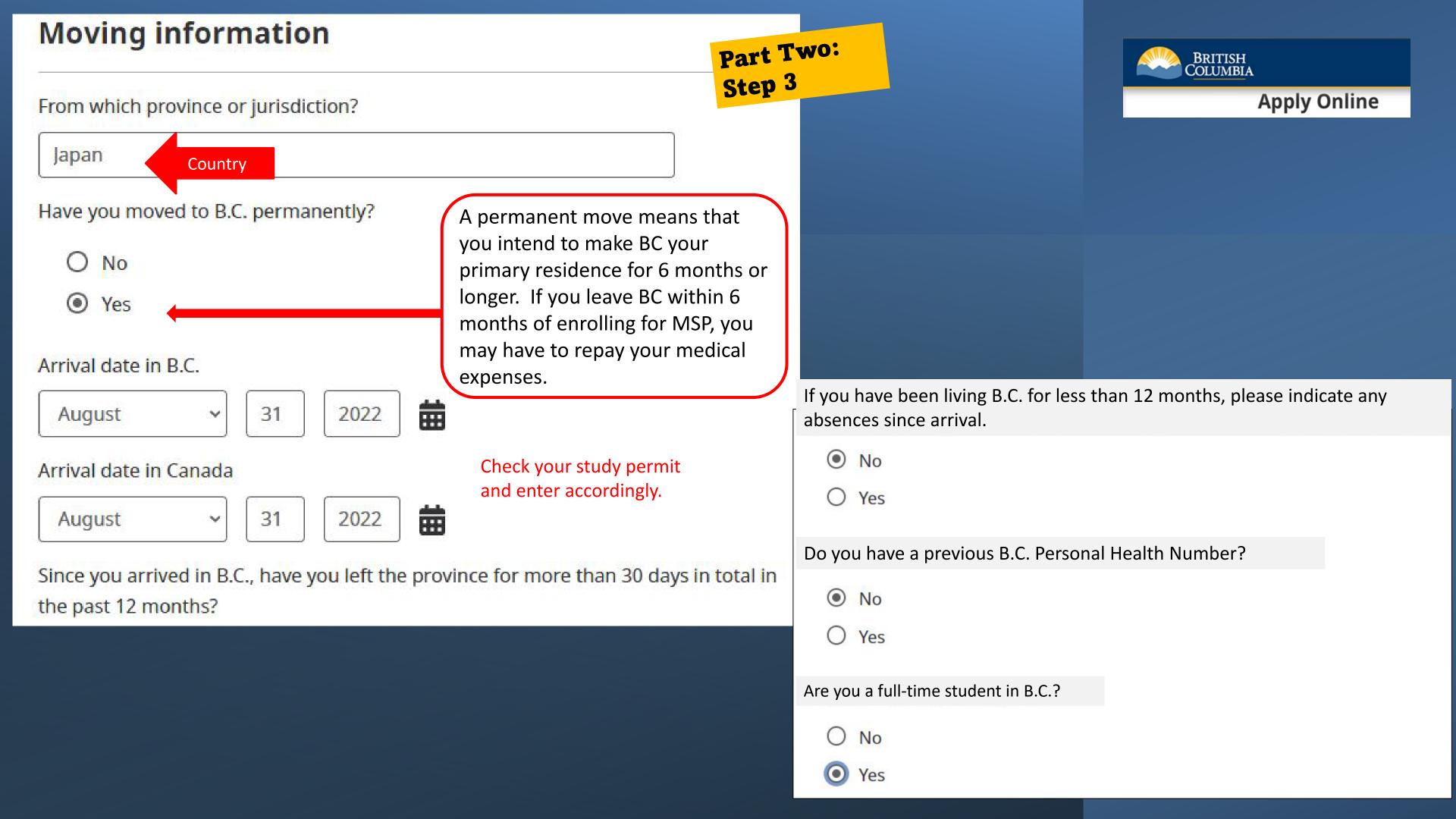
- . The entire document, from corner to corner
- Rotated correctly (not upside down or sideways)
- · In focus and easy to read
- . A JPG, PNG, GIF, BMP or PDF file

Is your name different from the name on your document?

● No

O Yes

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





Spouse information

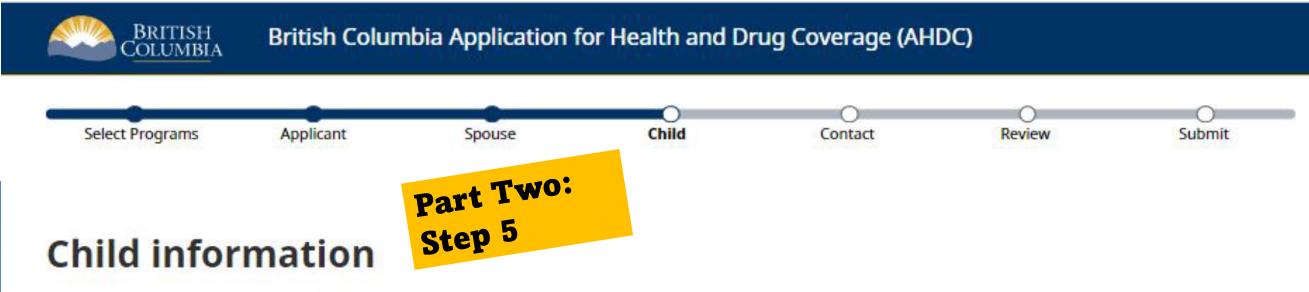
Part Two:
Step 4

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

Do you have a spouse or common-law partner?

- O No
- O 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.



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?

- O No
- Yes



Apply Online





Apply Online

Contact information

Residential address	Mailing address Enter your mailing address if it is different from your residential address.	
Your residential address is the address where you currently live in B.C.		
Full street address	My Mailing Address is Different	
1000 K.L.O. RD		
Address Line 2 (optional)		
Address Line 3 (optional)	0:	
Part Two		
City		
Province		
British Columbia	~	
Jurisdiction		
Canada	~	
Postal Code		
V1Y 4X8		
✓ This is my mailing address.		
Phone		

BRITISH C<u>OLUMBI</u>A

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

of your studies

Documents

Mary Smith Name 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 Has name changed No Yes Moved to B.C. permanently Moved from Japan province/jurisdiction Date arrived in B.C. August 31, 2022 Date arrived in Canada August 31, 2022 Has previous B.C. PHN Outside B.C. for more than 30 days in the last year Full-time student Yes Will reside in B.C. on completion No

1 file

Contact information

	Residential Address:	
	Street Address	1000 K.L.O. RD
	City	KELOWNA
er	Province	British Columbia
	Postal Code	V1Y 4X8
	Jurisdiction	Canada
	Sam	ple
U		



Apply Online