

## MEDICAL SERVICES PLAN (MSP) GROUP CHANGE REQUEST



HLTH 170 V7 Rev. 2018/04/03

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

Mailing Address: Health Insurance BC, Medical Services Plan, PO Box 9691 Stn Prov Govt, Victoria BC V8W 9P8

Tel: (Lower Mainland) 604 683-7520, (Rest of BC) 1 877 955-5656 Web: www.hibc.gov.bc.ca

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		
	DN – Complete sections 2 (with new/correct information) and 4 al documents are required for MSP to confirm a change or corre	
CHANGE ADDRESS INFORMATION – Complete sections	2, 3, 4 and take this form to your Group Administrator to autho	rize.
ADD, REMOVE OR CHANGE/CORRECT INFORMATION FO	OR A SPOUSE – Complete sections 2 and 7. If you are adding a s e.	pouse, complete section 9.
ADD, REMOVE OR CHANGE/CORRECT INFORMATION FO Take this form to your Group Administrator to authorize	DR A CHILD – Complete sections 2 and 8. If you are adding a spoe.	ouse, complete section 9.
CHANGE GROUP PLAN INFORMATION (GROUP ADMINI	STRATOR 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 / YYY	Y) GENDER DAYTIME TELEPHONE NUMBER	
	M F	
ADDRESS CHANGE – PLEASE PROVIDE NEW ADDRESS INFOR	MATION	
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 AUTHORIZATION BELOW)	
I understand the information I have given is collected under Ministry of Health programs, and that practitioners who prelative to those services to MSP to support claims for be	provide service(s) under MSP are required under the <i>Med</i>	
I declare that all information provided is true and I under authorities, law enforcement authorities and other public British Columbia.		
SIGNATURE OF ACCOUNT HOLDER SIGNATUR	E OF ACCOUNT HOLDER'S SPOUSE DATE SIGNED (MM / E	DD/YYYY)
GROUP ADMINISTRATOR – AUTHORIZATION REQUIRED	6 CHANGE GROUP	PLAN INFORMATION
·	ON NAME OR STAMP OLD DEPT / PAYLIST NUM	
	NEW DEPT / PAYLIST NUM	IBER NEW EMPLOYEE / PENSION NUMBER
	NEW DEI 17 TATEST NOW	NEW ENIFECTEE / FENSION NOWIGEN
Personal information on this form is collected under the authority of the Mebenefits. If you have any questions about the collection of this information use and disclosure in accordance with the <i>Freedom of Information and Pro</i>	n, contact Health Insurance BC at the address or telephone numbers belo	
SPOUSE		
<b>SPOUSE</b> means a resident of BC who is either married to or living and cohabitin SPOUSE LEGAL LAST NAME	ng in a marriage-like relationship with the applicant and may be of the same g SPOUSE LEGAL FIRST NAME	
SPUUSE LEGAL LAST NAME	SYOUSE LEGAL FIRST NAME	SPOUSE LEGAL SECOND NAME
PERSONAL HEALTH NUMBER (PHN) BIRTHDATE (MM / DD/ YYYY	() GENDER	
	M F Continued on p. 2 ▶	

	7 SPOUSE (CONTINUED)			
<u> </u>			ONFIRM A CHANGE OR CORRECTION. <b>PROVIDE P</b> N CANADA (SEE BELOW) OR MARRIAGE/CHANGE	
	ADD SPOUSE TO PLAN: COMPLETE STEPS 1 AND 2, SUBMIT COPIES OF DOCUME	NTS AS REQUIRED. If legal name doe	s not match, include copy of marriage/change of na	me certificate, etc.
	1. SPOUSE ENROLMENT IN MSP:	2. ADDITIONAL DETAILS:		0.5
	A. My spouse is currently enrolled in MSP (go to Step 2); OR  B. My spouse is not currently enrolled in MSP (indicate their status in Canada	MARRIAGE DATE (MM / DD / YYYY)	SPOUSE'S PREVIOUS LAST NAME (IF APPLICA	BLE)
	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 BIRTH?  MM / DD / YYYY FROM (PROVINCE OR COUNTRY)		
	CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship  Card or Passport  IF NO, MOST RECENT  YES NO MOVE TO BC			
	HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent	IS THIS A PERMANENT MOVE?	REG. # OF MEDICAL PLAN IN PREVIOUS PLAC	E OF RESIDENCE
	Residence OTHER – Work or Study Permit, etc.	YES NO		
_				
	REMOVE SPOUSE FROM PLAN: COMPLETE STEPS 1 AND 2, SUBMIT COPIES OF L	DOCUMENTS AS REQUIRED.	2 CANCELLATION DETAILS.	
1. INDICATE ONE OF THE FOLLOWING  A. I am removing a spouse but we are still married or living in a marriage-like relationship (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	onsinp (go to step 2// on		
	C. I am removing a spouse following a divorce or separation (indicate below):			
	My former spouse has moved permanently from British Columbia (go to S  My former spouse is still a resident of British Columbia or I do not know my		SPOUSE'S MAILING ADDRESS UNKNOWN	1
	(submit a photocopy of one of the supporting documents indicated below			
	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) (for	rmerly married or common-law)		
	Statement dated and signed by you and/or your spouse including:	•		
	<ul> <li>the date of your divorce or separation</li> <li>full names of you and you</li> <li>your former spouse's current address, or an indication that the add</li> </ul>			
•	Account Numbers or PHNs for you and your spouse.			
	CHILD  CHILD means a BC resident who is a child of a beneficiary or a person in respect of wh	nom a beneficiary stands in the pla	re of a parent, and who is a minor, does not have	a spouse, and is supported by the beneficiary
	CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	•	SECOND NAME
	PERSONAL HEALTH NUMBER (PHN)  BIRTHDATE (MM / DD/ YYYY)	GENDER		
		M F	ONE CHILD, MARK THE BOX, ATTACH	HANGING INFORMATION FOR MORE THAN ADDITIONAL SHEET AND PROVIDE
_	LEGAL DOCUME	INTS ARE REQUIRED FOR MSP TO C	ALL INFORMATION.  ONEIRM A CHANGE OR CORRECTION PROVIDE P	HOTOCOPY OF
<b>&gt;</b>			ALL INFORMATION.  ONFIRM A CHANGE OR CORRECTION. PROVIDE P  N CANADA (SEE BELOW) OR CHANGE OF NAME C	
>			ONFIRM A CHANGE OR CORRECTION. <b>PROVIDE P</b>	
<b>&gt;</b>	CHANGE/CORRECT CHILD'S INFORMATION APPLICABLE DO	<b>PCUMENT</b> ; e.g., PROOF OF STATUS	ONFIRM A CHANGE OR CORRECTION. <b>PROVIDE P</b>	
<b>&gt;</b>	CANCELLATION APPLICABLE DO  CANCELLATION DATE (MM / DD / YYYY)	<b>PCUMENT</b> ; e.g., PROOF OF STATUS	ONFIRM A CHANGE OR CORRECTION. <b>PROVIDE P</b>	
<b>&gt;</b>	CANCELLATION APPLICABLE DO  CANCELLATION DATE (MM / DD / YYYY)  REMOVE CHILD FROM PLAN	<b>PCUMENT</b> ; e.g., PROOF OF STATUS	ONFIRM A CHANGE OR CORRECTION. <b>PROVIDE P</b> N CANADA (SEE BELOW) OR CHANGE OF NAME C	ERTIFICATE.
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