



**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

## British Columbia Application for Health and Drug Coverage (AHDC)

MSP Enrolment

Fair PharmaCare

Supplementary Benefits

Select Programs

**Eligibility:  
Step 1**

### 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  
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## 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 course 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
<ul style="list-style-type: none"><li>• Canadian birth certificate</li><li>• Canadian Citizenship Card (front and back)</li><li>• Certificate of Canadian Citizenship (front and back)</li><li>• Canadian passport</li><li>• First Nations status card</li><li>• Métis status card</li></ul>	<ul style="list-style-type: none"><li>• Record of Landing</li><li>• Confirmation of Permanent Residence</li><li>• Permanent resident card (front and back)</li></ul>	<ul style="list-style-type: none"><li>• Study permit</li><li>• Work permit (Working Holiday permit must include a letter of employment)</li><li>• Visitor permit (accompanying spouse or child)</li></ul>

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

- Yes  
 No



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British Columbia Application for Health and Drug Coverage (AHDC)

MSP Enrolment

Fair PharmaCare

Supplementary Benefits

Select Programs

## Fair PharmaCare eligibility

1. Will you use this form to apply for Fair PharmaCare?

- Yes
- No (Continue to Supplementary Benefits)

**Eligibility:  
Step 2**

MSP Enrolment

Fair PharmaCare

Supplementary Benefits

Select Programs

## Supplementary Benefits eligibility

1. Will you use this form to apply for Supplementary Benefits?

Note: If you or your spouse (who may not live in B.C. or Canada) earned income outside Canada during the most recent tax year, you must submit your application for Supplementary Benefits using the print form (HLTH 101) available [here](#).

- Yes
- No

**Eligibility:  
Step 3**



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## British Columbia Application for Health and Drug Coverage (AHDC)

MSP Enrolment

Fair PharmaCare

Supplementary Benefits

Select Programs

**Eligibility:  
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.

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

**Eligibility:  
Completed**

Continue



## Add personal information and upload documents

### Applicant information

First name

Middle name (optional)

Last name

Birthdate

Gender

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

**Personal Info:  
Step 1**

### 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

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



## 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

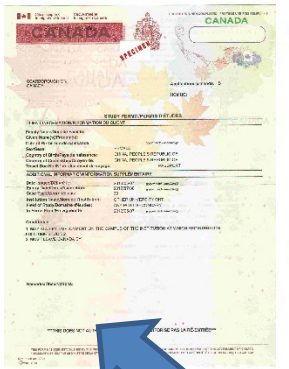
Study permit 

**Personal Info:  
Step 2**

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

**Personal Info:  
Step 3**



Apply Online

From which province or jurisdiction?

Japan

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





## Spouse information

**Personal Info:  
Step 4**

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.

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

Do you have a spouse or common-law partner?

- No  
 Yes



## Child information

**Personal Info:  
Step 5**

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



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

**Personal Info:  
Step 6**

City

KELOWNA

Province

British Columbia

Jurisdiction

Canada

Postal Code

V1Y 4X8

This is my mailing address.

Phone



Apply Online



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

### Declaration and consent

**Personal Info:  
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

<u>Residential Address:</u>	
Street Address	1000 K.L.O. RD
City	KELOWNA
Province	British Columbia
Postal Code	V1Y 4X8
Jurisdiction	Canada



Apply Online