# Let's apply for MSP together

# What do you need?

- **1.** A scanned copy or a digital photo of your study permit
- 2. A computer, preferred, or a cellphone
- **3.** A Social Insurance Number and Canadian tax assessment or affidavit, if applying for BC Fair PharmaCare at the same time

# Where should you start?

# 1. Apply online at <u>www2.gov.bc.ca/gov/content/health/</u> <u>health-drug-coverage/ahdc</u>



THE UNIVERSITY OF BRITISH COLUMBIA

**Global Engagement Office** Okanagan Campus

# **MSP Application**





<u>Home</u> > <u>Health</u> > <u>Health & Drug Coverage</u> >

## Apply for B.C. health and drug coverage

On this page: What you need to apply | After you apply | Apply online | Apply by mail | Contact us

Use this single form to apply for one or more of these programs:

### Medical Services Plan (MSP)

Pays for medically required services of physicians and surgeons, and dental or oral surgery performed in a hospital. B.C. residents must by law enrol in MSP. You must physically be in B.C. to enrol in MSP.

### Fair PharmaCare

Helps pay for some drugs and medical devices and supplies, such as prostheses and diabetes supplies. It is based on income. The less you earn, the more help you get.

### **Supplementary Benefits**

Provides partial payment for certain medical services, such as acupuncture and massage therapy, and may provide access to other income-based programs. Individuals or families must have an adjusted net income of \$42,000 a year or less to be eligible.

### ← Click "Apply Now"

#### Apply now

To apply for Fair PharmaCare and/or Supplementary Benefits, you must be enrolled in MSP already or applying for MSP at the same time.

# 

# **MSP Enrolment — Part 1**

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

#### 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 a B.C. address where you can receive mail?



O No

 Answer "Yes" here because this triggers another set of questions which you will not be able to answer accurately

# MSP Enrolment — Part 2

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



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?



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.

 ← Answer "No" here because this triggers another set of questions which you will not be able to answer accurately

UBC

<ul> <li>Canadian birth certificate</li> <li>Record of Landing</li> <li>Study permit</li> <li>Study permit</li> <li>Study permit</li> <li>Work permit (Working Holiday permit)</li> <li>Work permit (Working Holiday permit)</li> <li>Permanent resident card (front and back)</li> <li>Canadian passport</li> <li>First Nations status card</li> <li>Métis status card</li> </ul>

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





# Fair PharmaCare — Part 1

BRITISH COLUMBIA British Col	umbia Application for Healt	h and Drug Coverage (AHDC)	
MSP Enrolment	Fair PharmaCare	O Supplementary Benefits	Select Programs
Fair PharmaCare of A state of the state of t	eligibility ir PharmaCare? Benefits)		← As of October 2022, you can apply for BC MSP, BC Fair PharmaCare, and Supplementary Benefits (Canadian citizens and permanent residents) in one application. You can also apply for the BC Fair PharmaCare separately at a later date. To learn more, please visit:

www2.gov.bc.ca/gov/content/health/healt h-drug-coverage/pharmacare-for-bc-resid ents/who-we-cover/fair-pharmacare-plan

UBC



# Fair PharmaCare — Part 2

### Fair PharmaCare eligibility

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



O No (Continue to Supplementary Benefits)

2. To apply for Fair PharmaCare, you must:

a. be enrolled in MSP or be using this application form to also apply for MSP; and

b. have filed an income tax return with the Canada Revenue Agency (CRA) for the relevant taxation year (two years before the current year).

#### Do you meet the above eligibility criteria?



3. To apply for Fair PharmaCare, you must provide the following information:

a. Social Insurance Number (SIN) for you and (if applicable) your spouse;

b. Net Income (Line 23600) from your and (if applicable) your spouse's CRA Notice of Assessment (NOA), Notice of Reassessment (NORA) or

federal income tax return for the tax year two years before the current year; and

c. Registered Disability Savings Plan (RDSP) income (Line 12500) if applicable.

Do you have this information to include with your application?



O No

- ← If you did not file taxes in Canada 2 years ago, you may be able to submit a <u>Fair</u> PharmaCare Proof of Income Affidavit
- ← If you do not have a Social Insurance Number (SIN), apply for a SIN with Service Canada, then apply for Fair PharmaCare separately in the future

#### Continue

# **Supplementary Benefits**



### **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 <u>here</u>.



← Select "No", since to apply for Supplementary Benefits you must have resided in Canada as a Canadian citizen or permanent resident for at least the last 12 months immediately preceding the application





# **Select Programs**

BRITISH C <u>OLUMBI</u> A	British Columbia Application for Health and Drug Coverage (AHDC)			
MSP Enrolmer	nt Fair PharmaCare	Supplementary Benefits	Select Programs	

### 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.

Supplementary Benefits	
Eligibility questionnaire not answered.	

Continue

UBC N

# B

# **Spouse Info - Part 4**





### Add personal information and upload documents

### **Applicant information**

First name

Jane

Middle name (optional)

Last name

Doe

Birthdate

September	~	17	1981	▦
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Social Insurance Number (SIN)

### XXX XXX XXX

Your SIN will be used to verify your income for Fair PharmaCare and Supplementary Benefits (as applicable)

Gender

O Male (M)

• Female (F)

Ох

#### Тір

If the gender you select does not match the gender on your supporting document(s), you must submit an application for change of gender designation. For more information see <u>Change Your Personal</u> <u>Information</u>.

### 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

O Work permit / CUAET

Study permit

O Religious worker

O 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

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

O No

Yes

### **Study permit**



### Тір

Document samples:

Study permit

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)





Is your name different from the name on your document?



### **Moving information**

From which province or jurisdiction?

Ireland

Have you moved to B.C. permanently?

O No

Yes

#### Arrival date in B.C.



### Arrival date in Canada



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

← Answer "Yes" here to ensure your application is processed as a resident of BC

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 in 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

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

O No
O Yes

← Answer "No" here because this triggers another set of questions which you will not be able to answer accurately







# **Spouse information**

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

Do you have a spouse or common-law partner?



 ← Answer "Yes" if you want to enroll your spouse or common-law partner for BC MSP in the same application and they have arrived in Canada





### **Spouse information**

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

First name

John

Middle name (optional)

Last name

Doe

Birthdate



UBC N

 $\mathbf{eta}$ 



Social Insurance Number (SIN)

XXX XXX XXX	
Your spouse's SIN will be used to verify your income for Fair PharmaCare and Supplementary Benefits (as applicable)	Tip
Gender	If the g your st
Male (M)	submit
O Female (F)	design Person
Οx	<u>r er son</u>

If the gender you select does not match the gender on your spouse's supporting document(s), they must submit an application for change of gender designation. For more information see <u>Change Your</u> <u>Personal Information</u>.

### Spouse's status in Canada

O Visitor permit

Provide your spouse's immigration status. You will be need to upload documents that show your spouse's 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.

In	nmigration status in Canada	
	Temporary document holder or diplomat	~
	Work permit / CUAET	_
	O Study permit	
	O Religious worker	
	O Diplomat	

partner's immigration status. If they are on a Visitor Record, select "Visitor permit". We have selected "Work permit / CUAET" as an example only.

 $\leftarrow$  Select your spouse or common-law



### Documents

Provide a copy of an accepted document that shows your spouse's status in Canada. If their 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 their full legal name.

#### Document type

Work permit / CUAET

Does the document that shows your spouse's status in Canada match their selected gender designation?

O No

Yes

### Work permit / CUAET



# Тір

Document samples:

#### Work permit / CUAET

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



Is your spouse's name different from the name on their document?



### **Moving information**

From which province or jurisdiction?

Ireland

Has your spouse moved to B.C. permanently?

NoYes

• Yes

### Arrival date in B.C.



#### Arrival date in Canada



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

> ← Answer "Yes" here to ensure your application is processed as a resident of BC

# 

# **Spouse Information — Part 6**

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

If your spouse has been living in B.C. for less than 12 months, please indicate any absences since

arrival.

No

⊖ Yes

Does your spouse have a previous B.C. Personal Health Number?



← Answer "No" here because this triggers another set of questions which you will not be able to answer accurately

Continue



# **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?



← Answer "Yes" if you want to enroll your children for BC MSP in the same application and they have arrived in Canada





# **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.

V Child 1 informa	ation
-------------------	-------

How old is your child?

• 0-18 years

O 19-24 years (must be a full-time student)

Tip

You can include your 19- to 24-year-old child on your MSP account if they are enrolled in full-time studies.

 $\mathbf{x}$ 





#### First name

Enola

### Middle name (optional)

Last name

Doe

### Birthdate



### Gender

O Male (M)

• Female (F)

Ох

If your child is 19 to 24 and not in full-time studies, they must apply separately for their own MSP coverage.

If your child is 25 or older, they must apply separately for their own MSP coverage.

### Тір

If the gender you select does not match the gender on your child's supporting document(s), they must submit an application for change of gender designation. For more information see <u>Change Your Personal</u> <u>Information</u>.

### Child's status in Canada

Please provide your child's immigration status. You will be required to upload documents to support your child's 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

O Work permit / CUAET

• Study permit

- O Religious worker
- O Diplomat
- O Visitor permit

### **Documents**

Provide a copy of an accepted document that shows your child's status in Canada. If their name is different from the name on the document, you must also upload a copy of a name change certificate that shows their full legal name.

Document type

Study permit

 Select your children's immigration status. If they are on a Visitor Record, select "Visitor permit". We have selected "Study permit" as an example only.





Does the document that shows your child's status in Canada match their selected gender designation?

- O No
- Yes

### Study permit



### Тір

Document samples:

### <u>Study permit</u>

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 child's name different from the name on their document?



# 

# **Moving Information**

### **Moving information**

From which province or jurisdiction?

[re	land	

Has your child moved to B.C. permanently?

Ο	No			
۲	Yes			

Arrival date in B.C.

September	~	3	2022	苗
Arrival date in Ca	anada			
September	$\sim$	3	2022	曲

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

If your child has been living in B.C. for less than 12 months, please indicate any absences since



Does your child have a previous B.C. Personal Health Number?



🔘 Yes

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

Add Child

Continue

← Answer "Yes" here to ensure your application is processed as a resident of BC

 ← Answer "No" here because this triggers another set of questions which you will not be able to answer accurately

# Fair PharmaCare Financial Information



### Fair PharmaCare financial information

Enter the net income (Line 23600) from your 2020 CRA Notice of Assessment (NOA, sample).

\$	
nto	r the net income (Line 23600) from your spouse's 2020 CPA Notice of

Enter the net income (Line 23600) from your spouse's 2020 CRA Notice of Assessment (NOA, <u>sample</u>).

### **Registered Disability Savings Plan**

\$

\$

\$

Enter the Registered Disability Savings Plan income (Line 12500) from your 2020 tax return if applicable.

# Total net income \$0 Deductions Total RDSP income \$0 Total deductions \$0 Adjusted income \$0

Based on the information you entered, you may be eligible for the level of coverage below. Coverage is temporary until we verify your income with the CRA.

#### Level of coverage

\$0

PharmaCare pays 100% of eligible drug costs

 ← Provide the net income information for the required fiscal year (if you did not file taxes in Canada, then refer to the <u>Fair PharmaCare Proof</u> <u>of Income Affidavit</u>)

UBC

Enter the Registered Disability Savings Plan income (Line 12500) from your spouse's 2020 tax return if applicable.

Continue

# **Contact Information — Part 1**



# **Contact information**

### **Residential address**

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

#### Full street address

103-25 Lake Street

Address Line 2 (optional)

**Mailing address** 

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

#### My Mailing Address is Different

Address Line 3 (optional)

UBC



# **Contact Information — Part 2**

City

Vancouver

British Columbia

This is my mailing address.

Phone number (optional)

(604) 555-5555

Province

Jurisdiction Canada

Postal Code

Phone

$\leftarrow$	Check the box if this is your
	mailing address. Your MSP
	card and monthly invoices
	will be sent to this address.

#### Тір

Please provide a phone number so we can contact you if there are any issues with your application.

Continue

# Review





### Review

Applicant informatio	n Edit 🖉	Spouse information	
Name	Jane Doe	Name	John Doe
Birthdate	September 17, 1981	Birthdate	March 8, 1985
Applicant SIN	107-009-300	Spouse SIN	755 685 457
Gender	Female (F)	Gender	Male (M)
Status in Canada	Temporary document holder or diplomat > Study permit	Status in Canada	Temporary document holder or diplomat > Work permit /
Support document type	Study permit		CUAET
Does status document match	Yes	Support document type	Work permit / CUAET
gender designation		Does status document match	Yes
Has name changed	No	gender designation	
Moved to B.C. permanently	Yes	Has name changed	Νο
Moved from	Ireland	Moved to B.C. permanently	Yes
province/jurisdiction		Moved from	Ireland
Date arrived in B.C.	September 3, 2022	province/jurisdiction	
Date arrived in Canada	September 3, 2022	Date arrived in B.C.	September 3, 2022

### Carefully review your information

Continue

# Submit — Part 1

 British Columbia Application for Health and Drug Coverage (AHDC)

 Select Programs
 Applicant
 Spouse
 Child
 PharmaCare
 Contact
 Review
 Submit

### **Declaration and consent**

#### Note:

Jane Doe John Doe

• 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.

← Do not check this box if applying on your own behalf

# B

# Submit — Part 2

#### Fair PharmaCare: Declaration and consent - must be signed

Your online application is now complete. In order to make your Fair PharmaCare coverage permanent, we need to check your income information with the Canada Revenue Agency (CRA). The CRA requires that you provide written consent to share your income information. If you are married or living in a marriage-like relationship, your spouse must also provide written consent.

You will receive a letter at the address you provided, asking you to agree to the following statement:

- I consent to allow the Canada Revenue Agency to release information from my income tax returns and other required taxpayer information to the B.C. Ministry of Health and Health Insurance BC as a provider of Fair PharmaCare enrolment services for the Ministry of Health.
- The information provided will be used to determine, verify and administer my and/or my family's initial and ongoing Fair PharmaCare Plan coverage.
- I understand my information will be collected, used and disclosed in accordance with the Pharmaceutical Services Act and the Freedom of Information and Protection of Privacy Act.
- This consent is valid for the two taxation years before the year in which I sign this document, for the year in which I sign it and for each following taxation year in which I and/or my family remain enrolled in the Fair PharmaCare Plan.
- I understand that I can withdraw this consent at any time by writing to Health Insurance BC, PO Box 9655 Stn Prov Govt, Victoria BC V8W 9P2. I also understand that if I withdraw my consent, my Fair PharmaCare deductible may be set to the highest amount.

#### Your information

Please confirm that you (and your spouse, if you have one):

- filed tax returns for the tax year two years prior to this application, and
- agree to allow the CRA to share your income information with PharmaCare.

Jane Doe
John Doe

Please ensure that you **screenshot** the <u>confirmation number</u> which is provided once you submit your application

