



PLEASE PRINT IN CAPITAL LETTERS ONLY

1 2 3 4 A B C D

Before completing this application, please read IMPORTANT INFORMATION on page 2.

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

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.

1 APPLICANT INFORMATION
APPLICANT LEGAL LAST NAME: TANAKA
APPLICANT LEGAL FIRST NAME: MAKIKO
APPLICANT LEGAL SECOND NAME: ミドルネーム
BIRTHDATE: 08/10/1998
DAYTIME TELEPHONE NUMBER: 604-568-8282
RESIDENTIAL ADDRESS: #316 - 736 GRANVILLE STREET, VANCOUVER, BC V6Z 1G3

2 RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION
カナダでのビザのステータス
A CANADIAN CITIZEN - Canadian Birth Certificate, Canadian Citizenship Card or Passport
B 過去に MSP を持っていたことがあるか
C 過去に BC州に住んだことがあるか
D 過去12ヶ月以内にBC州以外の都市に30日以上住んだことがあるか
E 6ヶ月以内に30日以上BC州を離れる予定があるか

IS THIS APPLICATION ALSO FOR A SPOUSE OR CHILD? IF YES, PLEASE COMPLETE PAGE 2.

3 PREMIUMS
You will be billed monthly for premiums by Revenue Services of British Columbia unless you qualify for 100% premium assistance.
PLEASE DO NOT SEND PAYMENT WITH THIS APPLICATION.

4 AUTHORIZATION - MUST BE SIGNED (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)
I have received information about MSP and agree to abide by the terms and conditions of MSP.
I declare that all information provided is true and I understand that the Ministry and/or Health Insurance BC may verify this information with immigration authorities, law enforcement authorities and other public authorities, agencies and persons as appropriate.
SIGNATURE OF APPLICANT: 田中 まきこ
DATE SIGNED: 08/31/2015

申請書の郵送先
Mailing Address: Health Insurance BC, Medical Services Plan, PO Box 9678 Stn Prov Govt, Victoria BC V8W 9P7
Tel: (Lower Mainland) 604 683-7151, (Rest of BC) 1 800 663-7100 Web: www.hibc.gov.bc.ca



**5 SPOUSE AND CHILD INFORMATION**

**下記は配偶者や子供がいる場合のページ（居なければ未記入）** with the applicant and may be of the same gender as the applicant. **CHILD** means a resident of BC who is the legal ward or child of the applicant, is supported by the applicant, is neither married nor living and cohabiting in a marriage-like relationship, and is either age 18 or younger, or age 19 to 24 and attending school or university full time.

**PHOTOCOPIES OF CURRENT CITIZENSHIP/IMMIGRATION DOCUMENTS MUST BE ATTACHED. USE LEGAL NAMES WHEN COMPLETING THIS FORM.**

SPOUSE LEGAL LAST NAME	SPOUSE LEGAL FIRST NAME	SPOUSE LEGAL SECOND NAME	GENDER
			<input type="checkbox"/> M <input type="checkbox"/> F

BIRTHDATE (MM / DD / YYYY)	STATUS IN CANADA			
<input type="checkbox"/> CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport		<input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence		<input type="checkbox"/> OTHER – Work or Study Permit, etc.
PERSONAL HEALTH NUMBER (PHN)	HAS SPOUSE LIVED IN BC SINCE BIRTH?	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY)	PREVIOUS HEALTH NUMBER
	<input type="checkbox"/> YES    IF NO, MOST RECENT <input type="checkbox"/> NO       MOVE TO BC    →			

CHILD LEGAL LAST NAME	CHILD LEGAL FIRST NAME	CHILD LEGAL SECOND NAME	GENDER
			<input type="checkbox"/> M <input type="checkbox"/> F

BIRTHDATE (MM / DD / YYYY)	STATUS IN CANADA			
<input type="checkbox"/> CANADIAN CITIZEN – Canadian Birth Certificate, Canadian Citizenship Card or Passport		<input type="checkbox"/> HOLDER OF PERMANENT RESIDENT STATUS – Record of Landing, Permanent Resident Card (front & back) or Confirmation of Permanent Residence		<input type="checkbox"/> OTHER – Work or Study Permit, etc.
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PERSONAL HEALTH NUMBER (PHN)	HAS CHILD LIVED IN BC SINCE BIRTH?	MM / DD / YYYY	FROM (PROVINCE OR COUNTRY)	PREVIOUS HEALTH NUMBER
	<input type="checkbox"/> YES    IF NO, MOST RECENT <input type="checkbox"/> NO       MOVE TO BC    →			

IF YOU HAVE MORE CHILDREN, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

**IF ANY OF THE CHILDREN ARE 19 TO 24 YEARS OF AGE AND ATTENDING SCHOOL ON A FULL-TIME BASIS, PLEASE COMPLETE THE SECTION BELOW.**

STUDENT LEGAL LAST NAME	STUDENT LEGAL FIRST NAME	STUDENT LEGAL SECOND NAME
SCHOOL NAME AND FULL ADDRESS	DATE STUDIES WILL BE FINISHED (MM / DD / YYYY)	IF SCHOOL IS OUTSIDE BC, ORIGINAL DEPARTURE DATE (MM / DD / YYYY)

IF YOU HAVE MORE CHILDREN 19 TO 24 YEARS OF AGE THAT ARE FULL-TIME STUDENTS, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

**6 IMPORTANT INFORMATION**

- **IDENTIFICATION:** You must send with your application: photocopies of documents that support the name and Canadian citizenship or immigration status for all persons listed. Eligibility cannot be determined without this documentation. Canadian citizens and holders of permanent resident status (landed immigrants) returning from the USA may also be asked to provide evidence of having established residence in BC and/or having abandoned their status in the USA.  
If any person is not enrolling under the name shown on his/her citizenship or immigration document, please also submit a photocopy of a legal document (for example, a marriage or name change certificate) that indicates the name shown on this application.
- **RESIDENCY:** If you expect to leave the province for more than 30 days in total during the next 6 months, a letter outlining your planned dates of departure and return, destination and the reason for your absence is required with this application. Failure to provide this information may affect eligibility for benefits.
- **EFFECTIVE DATE OF BENEFITS:** New and returning residents must complete a wait period before health care benefits begin. Generally, this period is the balance of the month of arrival in BC, plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility may be affected. Applications should be submitted immediately on arrival in BC, not at the end of the wait period. If you apply late, the effective date of benefits will be determined by MSP and may result in premiums being charged retroactively.
- **OUT-OF-PROVINCE STUDENTS:** Residents who leave BC temporarily to attend school or university may be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at a recognized educational facility.
- **CANCELLATION OF BENEFITS:** Failure to remit premiums does not constitute notification to cancel benefits. If you will no longer be a resident of BC, you must notify Health Insurance BC that this is the case, and provide your date of departure from the province and your new address; otherwise, premium invoicing may continue.
- **CHANGE OF NAME OR ADDRESS:** Health Insurance BC must be notified immediately of any change of name or address.
- **LEGISLATION:** All information is subject to change in accordance with the *Medicare Protection Act* and Regulations and the *Hospital Insurance Act* and Regulations. If a discrepancy exists between the information Health Insurance BC has provided on this application and the legislation, the legislation will prevail.

Personal information on this form is collected under the authority of the *Medicare Protection Act*. The information will be used to determine residency in BC and determine eligibility for provincial health care benefits. If you have any questions about the collection of this information, contact Health Insurance BC at the address or telephone numbers on page 1. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.