



PLEASE PRINT IN CAPITAL LETTERS ONLY 1 2 3 4 A B C D

Residents of BC are required, by law, to enrol themselves and their dependants with MSP.

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 shown below. 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.

1 PARENT INFORMATION

PARENT LEGAL LAST NAME			PARENT LEGAL FIRST NAME			PARENT LEGAL SECOND NAME		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
ADDRESS								
APT / UNIT		STREET NUMBER		STREET NAME AND CITY				
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>				
PROV	POSTAL CODE		YOUR BIRTHDATE (MM / DD / YYYY)		PERSONAL HEALTH (CARECARD) NUMBER		DAYTIME TELEPHONE NUMBER	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

2 NEWBORN INFORMATION

NEWBORN LEGAL LAST NAME			NEWBORN LEGAL FIRST NAME			NEWBORN LEGAL SECOND NAME		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
HOSPITAL NAME				HOSPITAL LOCATION (CITY)				
<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>				

If a home birth, a photocopy of your baby's birth certificate or Certificate of Live Birth is required.

GENDER		BIRTHDATE (MM / DD / YYYY)		ADOPTION DATE, IF APPLICABLE (MM / DD / YYYY)		
<input type="checkbox"/> M <input type="checkbox"/> F		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		

Attach a photocopy of the proof of adoption or the letter confirming adoption is in progress.

3 HOW TO ENROL YOUR BABY

If YOUR MEDICAL PREMIUMS ARE PAID:

- A. through your employer or union welfare plan – *complete this form and take it to your group administrator for authorization (section 5)*
- B. by the Ministry of Employment and Income Assistance – *complete this form and take it to your Worker*
- C. directly by yourself – *complete this form and mail it directly to Health Insurance BC (HIBC) at the address below*
- D. by Health Canada (Status Indian) – *complete this form and mail it directly to HIBC at the address below*

Please ensure that this form is completed and returned to our office within 60 days of your baby's birth.

A CareCard will be issued after this form is processed. Due to system limits, your baby's full name may not appear on the CareCard.

4 SIGN AND DATE THE DECLARATION BELOW

Under the *Medicare Protection Act*, a resident is defined as "a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, makes his or her home in British Columbia, and is physically present in British Columbia at least 6 months in a calendar year, 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."

- I agree to abide by the terms and conditions of MSP.
- I understand the information I have given is collected under the authority of the *Medicare Protection Act* and may be used to assess eligibility for other Ministry of Health programs.
- I understand that practitioners who provide service(s) under MSP are required under the *Medicare Protection Act* to release information relative to those services to MSP to support claims for benefits.
- I declare that all information provided is true and I understand that the Ministry of Health 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 the above named child is a resident of British Columbia.

SIGNATURE(S) OF PARENT AND ACCOUNT HOLDER		DATE SIGNED (MM / DD / YYYY)
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

5 GROUP ADMINISTRATOR USE ONLY

GROUP NUMBER	ACCOUNT NUMBER	AUTHORIZATION NAME OR STAMP
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

