



BRITISH
COLUMBIA

Health
InsuranceBC

A B C D
USE CAPITAL
LETTERS ONLY

MEDICAL SERVICES PLAN (MSP) APPLICATION FOR REGULAR PREMIUM ASSISTANCE

PA

APPLICANT INFORMATION

APPLICANT LEGAL LAST NAME

APPLICANT LEGAL FIRST NAME

APPLICANT LEGAL SECOND NAME

PERSONAL HEALTH NUMBER (PHN)

BIRTHDATE (MM / DD / YYYY)

DAYTIME TELEPHONE NUMBER

MAILING ADDRESS:

APT / UNIT

STREET NUMBER

STREET NAME

CITY

PROVINCE

POSTAL CODE

FINANCIAL INFORMATION

You must file your income tax return with the Canada Revenue Agency (CRA) by April 30 each year.

Net income is found on line 236 of the CRA Notice of Assessment or Notice of Reassessment.

AGE
Claim \$3,000 for each person who is 65 or older this year.

CHILDREN
Claim \$3,000 for each child included under your MSP coverage.

DISABILITY
If you claimed a disability on your income tax return for yourself, your spouse or child included under your MSP coverage, claim \$3,000 for each disabled person.

If you claimed attendant or nursing home expenses in place of disability, enclose photocopies of receipts.

The maximum MSP deduction for disability is \$3,000 per person.

TAX YEAR

This information is from my Notice of Assessment or Notice of Reassessment for the tax year

2 0

NET INCOME

Enter your net income (from your Notice of Assessment or Notice of Reassessment) \$

Note: If net income is a negative number (e.g. - \$2,300.00), enter 0

Enter the net income of your spouse \$

Note: If net income is a negative number (e.g. - \$2,300.00), enter 0

TOTAL NET INCOME (add lines 1 and 2) \$

DEDUCTIONS ALLOWED BY THE MEDICAL SERVICES PLAN (MSP)

SPOUSE - claim \$3,000 \$

If you are 65 or older this year, claim \$3,000 \$

If your spouse is 65 or older this year, claim \$3,000 \$

CHILDREN $\frac{\text{number of children}}{\text{number of children}}$ x \$3,000 = \$

minus one half of the child care expenses claimed on your (and/or your spouse's) income tax return (1/2 of line 214)

- \$

Difference (if a negative number, enter 0) = \$

Universal Child Care Benefit reported on your (and/or your spouse's) income tax return (line 117) \$

DISABILITY $\frac{\text{number of disabled}}{\text{number of disabled}}$ x \$3,000 = \$

Registered Disability Savings Plan income reported on your (and/or your spouse's) income tax return (line 125) \$

TOTAL DEDUCTIONS (add lines 4 to 10) \$

ADJUSTED NET INCOME
is net income from your Notice of Assessment or Notice of Reassessment minus above deductions allowed by MSP.

ADJUSTED NET INCOME

ADJUSTED NET INCOME (subtract line 11 from line 3)

If this amount is \$30,000 or less you qualify for Regular Premium Assistance. \$

Note: If adjusted net income is a negative number (e.g. - \$2,300.00), enter 0

This form must be signed. Please see reverse/page 2 for the required Declaration and Consent.

WE CANNOT ACCEPT UNSIGNED FORMS.



DECLARATION AND CONSENT - MUST BE SIGNED

Please read and sign. If you are married or living and cohabiting in a marriage-like relationship, your spouse must also sign.

I hereby consent to the release of information from my income tax returns, and other taxpayer information, by the Canada Revenue Agency to the Ministry of Health and/or Health Insurance BC. The information obtained will be relevant to and used solely for the purpose of determining and verifying my initial and ongoing entitlement to the premium assistance program under the *Medicare Protection Act*, and will not be disclosed to any other party.

This authorization is valid for the taxation year prior to the signature of this application, the year of the signature and for each subsequent consecutive taxation year for which premium assistance is requested. It may be revoked by sending a written notice to Health Insurance BC.

I am a resident of British Columbia as defined by the *Medicare Protection Act*.

I have resided in Canada as a Canadian citizen or holder of permanent resident status (landed immigrant) for at least the last 12 months immediately preceding this application; I am not exempt from liability to pay income tax by reason of any other Act; and I am not the child of another beneficiary.

If someone has Power of Attorney or another legal representation agreement and is signing on your behalf, please include a copy of the agreement with your application and mark (X) this box: ☐

APPLICANT SIGNATURE	SPOUSE SIGNATURE	DATE SIGNED (MM / DD / YYYY)

APPLICANT FIRST INITIAL AND LAST NAME 	SPOUSE FIRST INITIAL AND LAST NAME
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APPLICANT SOCIAL INSURANCE NUMBER 	SPOUSE SOCIAL INSURANCE NUMBER 	SPOUSE PERSONAL HEALTH NUMBER (PHN)
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GROUP AUTHORIZATION (must be signed by employer, pension or union welfare plan IF you are enrolled under a group plan)

GROUP NUMBER 	AUTHORIZATION NAME OR STAMP
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MEDICAL SERVICES PLAN (MSP) PREMIUM ASSISTANCE INFORMATION

MSP payments are based on family size and income. Premium assistance offers a range of subsidies to assist with payment. To qualify you must, for the last 12 consecutive months, have been resident in Canada and a Canadian citizen or holder of permanent resident status (landed immigrant).

Types of Assistance - Two types of assistance are available:

1. Regular Premium Assistance – offered if your adjusted net income for the previous year is \$30,000 or less. To apply for Regular Premium Assistance you must fully complete this form and sign the declaration and consent. If you are married or living in a marriage-like relationship, your spouse must also sign. **If you are covered through your employer, pension or union welfare plan**, your group administrator will need to complete the Group Authorization section above.
2. Temporary Premium Assistance – offered if you are unable to pay premiums because of unexpected financial hardship. To qualify, you need to provide information that shows you are unable to pay your premiums and could not have reasonably budgeted to do so. For more information, visit: www.gov.bc.ca/temporarypremiumassistance.

Other Benefits - Many families who qualify for premium assistance also qualify for the Healthy Kids program. Healthy Kids assists with costs associated with basic dental care and prescription glasses for children. For further information, call 1 866 866-0800. Fair PharmaCare helps BC residents with eligible costs of prescriptions and certain medical supplies. Already covered by Fair PharmaCare? Have you experienced a decrease in income? You may qualify for increased Fair PharmaCare coverage. For more information or to register, visit www.gov.bc.ca/pharmacare or contact Health Insurance BC.

Income Verification - The signed declaration above allows the Ministry of Health and/or Health Insurance BC to verify your income information with the Canada Revenue Agency (CRA) on an ongoing basis. In most cases, you do not need to reapply for Regular Premium Assistance as Health Insurance BC will continue to verify your income with CRA each year and will maintain or adjust your level of assistance based on the information received from CRA. In order to verify your income, the name and date of birth on your MSP record must match the information on file at CRA.

Monthly Rates - Once you have completed the application form, look at line 12 to determine your adjusted net income. Find your adjusted net income in the table below to determine your monthly rate. The rates listed below are subject to change.

ADJUSTED NET INCOME	One Person	Family of Two	Family of Three or More
\$0 - \$22,000	00.00	00.00	00.00
\$22,001 - \$24,000	\$12.80	\$23.20	\$25.60
\$24,001 - \$26,000	\$25.60	\$46.40	\$51.20
\$26,001 - \$28,000	\$38.40	\$69.60	\$76.80
\$28,001 - \$30,000	\$51.20	\$92.80	\$102.40
Over \$30,000	\$75.00	\$136.00	\$150.00

The personal information requested on this form is collected under the authority of the *Medicare Protection Act* for the purpose of administering the Medical Services Plan and PharmaCare/Fair PharmaCare and is subject to the *Freedom of Information and Protection of Privacy Act*. Questions about the collection or use of this information can be directed to Health Insurance BC.