



APPLICANT INFORMATION

APPLICANT LEGAL LAST NAME APPLICANT LEGAL FIRST NAME APPLICANT LEGAL SECOND NAME

PERSONAL HEALTH (CARECARD) NUMBER BIRTHDATE (MM / DD / YYYY) DAYTIME TELEPHONE NUMBER

APT / UNIT STREET NUMBER STREET NAME

CITY PROVINCE POSTAL CODE

FINANCIAL INFORMATION

You must file your income tax return by April 30 each year.

TAX YEAR

This information is from my income tax return for the tax year

NET INCOME

Enter your net income (from your income tax return or Notice of Assessment) \$ 1
Note: If net income is a negative number (e.g. - \$2,300.00), enter 0

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

TOTAL NET INCOME (add lines 1 and 2) \$ 3

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.

DEDUCTIONS ALLOWED BY THE MEDICAL SERVICES PLAN (MSP)

SPOUSE - claim \$3,000 \$ 4

If you are 65 or older this year, claim \$3,000 \$ 5

If your spouse is 65 or older this year, claim \$3,000 \$ 6

CHILDREN x \$3,000 = \$
number of children

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 = \$ \$ 7

Universal Child Care Benefit reported on your (and/or your spouse's) income tax return (line 117) \$ 8

DISABILITY x \$3,000 = \$
number of disabled

Registered Disability Savings Plan income reported on your (and/or your spouse's) income tax return (line 125) \$ 10

TOTAL DEDUCTIONS (add lines 4 to 10) \$ 11

ADJUSTED NET INCOME
is net income from your income tax return minus above deductions allowed by MSP.

ADJUSTED NET INCOME

ADJUSTED NET INCOME (subtract line 11 from line 3) \$ 12
If this amount is **\$30,000** or less you qualify for premium assistance.

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 Services 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 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.

Please mark this box () if someone has Power of Attorney or another legal representation agreement and is signing on your behalf, and include a copy of the agreement with your application.

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

APPLICANT FIRST INITIAL AND LAST NAME		SPOUSE FIRST INITIAL AND LAST NAME

APPLICANT SOCIAL INSURANCE NUMBER	SPOUSE SOCIAL INSURANCE NUMBER	SPOUSE PERSONAL HEALTH (CARECARD) NUMBER

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

MEDICAL SERVICES PLAN (MSP) PREMIUM ASSISTANCE INFORMATION

MSP payments are based on family size and income. The Premium Assistance program 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. Contact the Ministry of Finance, which administers the temporary assistance program, at 250 356-8285 (from Victoria) or 1 800 207-2051 (from the rest of BC) or visit their website at www.sbr.gov.bc.ca/TPA

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 assists BC residents with the eligible costs of prescriptions and designated medical supplies. For further information or to register please go online at www.hibc.gov.bc.ca or call 604 683-7151 (from Vancouver) or 1 800 663-7100 (from rest of BC).

Income Verification - The signed declaration above allows the Ministry of Health Services 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 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	ASSISTANCE AMOUNT	One Person	Family of Two	Family of Three or More
\$0 - \$22,000	100% premium assistance	00.00	00.00	00.00
\$22,001 - \$24,000	80% premium assistance	\$11.40	\$20.40	\$ 22.80
\$24,001 - \$26,000	60% premium assistance	\$22.80	\$40.80	\$ 45.60
\$26,001 - \$28,000	40% premium assistance	\$34.20	\$61.20	\$ 68.40
\$28,001 - \$30,000	20% premium assistance	\$45.60	\$81.60	\$ 91.20
Over \$30,000	No premium assistance	\$57.00	\$102.00	\$114.00

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.