

mcp RE-REGISTRATION

for Residents of Newfoundland and Labrador

SECTION A HOME ADDRESS

Street		City / Town		
Province	Postal Code	Telephone Number		

SECTION B MAILING ADDRESS (complete this section only if different from Home Address)

Street / P.O. Box		City / Town		
Province	Postal Code	Telephone Number		

SECTION C NAMES OF ALL PERSONS RESIDING AT THIS ADDRESS (attach a separate sheet if more space required)

MCP Number	Surname	All Given Names	Maiden Name (if applicable)	Sex		Birth Date (YYYY / MM / DD)	Social Insurance Number (if available)	Temporarily living outside Newfoundland & Labrador	
				M	F			Yes	No
1.									
Is this person a member of: <input type="checkbox"/> Canadian Armed Forces <input type="checkbox"/> NATO Forces <input type="checkbox"/> RCMP									
2.									
Is this person a member of: <input type="checkbox"/> Canadian Armed Forces <input type="checkbox"/> NATO Forces <input type="checkbox"/> RCMP									
3.									
Is this person a member of: <input type="checkbox"/> Canadian Armed Forces <input type="checkbox"/> NATO Forces <input type="checkbox"/> RCMP									
4.									
Is this person a member of: <input type="checkbox"/> Canadian Armed Forces <input type="checkbox"/> NATO Forces <input type="checkbox"/> RCMP									
5.									
Is this person a member of: <input type="checkbox"/> Canadian Armed Forces <input type="checkbox"/> NATO Forces <input type="checkbox"/> RCMP									

By signing below, you certify that you and the persons listed on this re-registration form are residents of Newfoundland and Labrador and that you agree to the terms and conditions as outlined on the back of this form.

Signature: _____

Date: _____

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Terms and Conditions

1. The Newfoundland and Labrador Medical Care Insurance Act states that a resident is a person lawfully entitled to be or to remain in Canada, who makes his or her home and is ordinarily present in the province, but does not include a tourist, transient or visitor to the province.
2. MCP may require documentation from time to time in order to confirm eligibility.
3. MCP may conduct any investigation and obtain information from any person, at any time and in any reasonable manner that it considers necessary, to determine and verify eligibility for coverage under MCP for the persons named on this form.
4. Any health care provider paid by MCP may release any information about the persons named on this form, as requested by MCP for claims payment, eligibility confirmation, and audit verification purposes.

Address Changes

Move Within Province

If you, or any other person listed on this form, move following the submission of this form please contact MCP so that we can update our files with your new address. We will need this information in order to send registration information to you as the expiry date on your new card approaches.

Temporary Absence From Province (Students/Temporary Workers)

If you, or any other person listed on this form, temporarily move to another province for study or work reasons, you will require an out-of-province coverage certificate. Please contact MCP for more information.

Permanent Move From Province

If you, or any other person listed on this form, move to another province and expect that you may stay there for an extended period of time, you are required to register with the medical care plan for that province. Please contact MCP for more information.

Medical Care Plan
22 High Street, P.O. Box 5000
Grand Falls-Windsor, NL, Canada, A2A 2Y4
Telephone: (709)292-4000 Facsimile: (709)292-4052
Toll Free: 1-800-563-1557

E-Mail: mcpregistration@gov.nl.ca
www.gov.nl.ca/mcp

Medical Care Plan
Belvedere Building, 57 Margaret's Place, P.O. Box 8700
St. John's, NL, Canada, A1B 4J6
Telephone: (709)758-1600 Facsimile: (709)758-1694
Toll Free: 1-866-449-4459