



Health InsuranceBC

Mailing Address:
PO Box 9035 Stn Prov Govt
Victoria BC V8W 9E3

Telephone:
Vancouver 604 683-7151
Other Areas
Within BC 1 800 663-7100
Fascimile 250 405-3595
www.hibc.gov.bc.ca

PRINT NAME AND ADDRESS

MSP USE ONLY	
ACCOUNT NUMBER OR PERSONAL HEALTH NUMBER	_____
DATE	_____
DOC TYPE	_____

MEDICAL SERVICES PLAN (MSP) PREMIUM ASSISTANCE INFORMATION

Medical Services Plan 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 been 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 \$28,000 or less.
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 Small Business and Revenue, 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.health.gov.bc.ca/insurance or call 604-683-7151 (from Vancouver) or 1-800-663-7100 (from rest of BC).

Next Steps - To apply for Premium Assistance you will need to fill out the form on the back and sign the declaration and consent. If you are married or living in a marriage like relationship, your spouse will also need to sign. **If you are covered through your employer, pension, or union welfare plan**, your group administrator will need to complete the Group Authorization section below.

Income Verification - The signed declaration on the back of the form 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 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.

Once you have completed the application form, look at line 11 to determine your adjusted net income. By comparing your adjusted net income to the table below you will know your monthly rate. The rates listed below are subject to change.

ADJUSTED NET INCOME	ASSISTANCE RATE	One Person	Family of Two	Family of Three or More
\$0 - \$20,000	100% premium assistance	00.00	00.00	00.00
\$20,001 - \$22,000	80% premium assistance	\$10.80	\$19.20	\$ 21.60
\$22,001 - \$24,000	60% premium assistance	\$21.60	\$38.40	\$ 43.20
\$24,001 - \$26,000	40% premium assistance	\$32.40	\$57.60	\$ 64.80
\$26,001 - \$28,000	20% premium assistance	\$43.20	\$76.80	\$ 86.40
Over \$28,000	Full Rate	\$54.00	\$96.00	\$108.00

GROUP AUTHORIZATION: (to be signed by employer, pension, or union welfare plan **IF** you are enrolled under a group plan)

Authorized Signature _____ Group No. _____ Date: _____

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.

APPLICATION FOR REGULAR PREMIUM ASSISTANCE

Account Number or BC Personal Health Number (if you have one): _____

THIS FORM HAS BEEN MODIFIED TO ALLOW A DEDUCTION FOR THE UNIVERSAL CHILD CARE BENEFIT

NET INCOME (tax year must be completed)

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

Enter your net income (from your income tax return or Notice of Assessment) \$ _____ [1]

Note: If net income is a negative number (e.g. \$-2300.00), enter 0

Enter the net income of your spouse \$ _____ [2]

Note: If net income is a negative number (e.g. \$-2300.00), 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 child care expenses claimed on your (or your spouse's) income tax return (1/2 of line 214) — \$ _____

Difference = \$ _____ ⇨ \$ _____ [7]

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

DISABILITY _____ x \$3,000 = \$ _____ [9]
number of disabled

TOTAL DEDUCTIONS (add lines 4 to 9) \$ _____ [10]

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 10 from line 3) \$ _____ [11]

If this amount is **\$28,000** or less you qualify for premium assistance.

Please read and sign. If you are married or living and cohabiting in a marriage-like relationship, your spouse must also sign. If someone has Power of Attorney or another legal representation agreement and is signing on your behalf, please include a copy of the agreement.

DECLARATION AND CONSENT

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 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.

Signature of applicant

Signature of spouse

Date signed

Name of applicant (please print)

Name of spouse (please print)

()
Daytime telephone no.

Social Insurance Number

Social Insurance Number