



PRINT NAME AND ADDRESS

Group _____

Account _____

MSP USE ONLY	
ACCOUNT NUMBER	
DATE RECEIVED	
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MEDICAL SERVICES PLAN PREMIUM ASSISTANCE INFORMATION

The Medical Services Plan (MSP) offers premium reductions ranging from 20% to 100% based on the previous year's income. To qualify for this assistance, the Adjusted Net Income must be **\$28,000** or less. An application is on page 2.

Personal information on this form is collected under the authority of the *Medicare Protection Act*. The information will be used to determine eligibility for premium assistance and may also be used to determine entitlement to other Ministry of Health benefits, or to benefits under the Healthy Kids program. If you have any questions about the collection of this information, contact a Health Insurance BC client service representative at the address or telephone numbers shown above. 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.

Questions regarding the Healthy Kids program (limited to children age 18 and under) should be directed to that program at 1 800 748-1144.

Who Can Apply?

Assistance is available only to persons who, for the last 12 consecutive months, have been resident in Canada and have been a Canadian citizen or holder of permanent resident status (landed immigrant).

Income Verification

Each year, with the written consent of the applicant, MSP verifies income information with the Canada Revenue Agency to ensure applicants are receiving the level of assistance for which they are eligible. If required, MSP premium rates are adjusted upward or downward as of the date assistance is effective. To ensure that verification can take place, income tax returns must be filed under the name and birth date on record with MSP.

HOW TO APPLY:

- STEP 1** Calculate your Adjusted Net Income using the application on the reverse.
- STEP 2** If you qualify for assistance, read and sign the Declaration and Consent.
- STEP 3** Have your employer (or pension, pay office or union welfare plan) authorize and send your application to MSP.

GROUP AUTHORIZATION: _____

APPLICATION FOR REGULAR PREMIUM ASSISTANCE

Indicate your BC Personal Health Number (if you have one):

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APPLICANTS ARE REQUIRED TO FILE AN INCOME TAX RETURN BY APRIL 30TH EACH YEAR.

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**

DISABILITY _____ x \$3,000 = \$ _____ **8**
number of disabled

TOTAL DEDUCTIONS (add lines 4 to 8) \$ _____ **9**

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 9 from line 3) \$ _____ **10**

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 _____ Name of applicant (please print) <table border="1" style="width: 100%; height: 20px; margin: 5px auto;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> Social Insurance Number					_____ Signature of spouse _____ Name of spouse (please print) <table border="1" style="width: 100%; height: 20px; margin: 5px auto;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> Social Insurance Number					_____ Date signed () _____ Daytime telephone no.