

**This form can be filled
in online before
printing and signing.**

BABY ENROLLMENT FORM

Residents of BC are required, by law, to enroll themselves and their dependents with MSP.

Personal information on this form is collected under the authority of the *Medicare Protection Act*. The information will be used to determine residency in BC and determine eligibility for provincial health care benefits. If you have any questions about the collection of this information, contact an MSP client service representative at the address and 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.

1 PARENT INFORMATION			
LEGAL NAME	FIRST	SECOND	SURNAME
ADDRESS			PERSONAL HEALTH NUMBER (FROM YOUR CARECARD) 9
			YOUR DATE OF BIRTH (MM / DD / YYYY)
		POSTAL CODE	DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)

2 NEWBORN INFORMATION			
LEGAL NAME	FIRST	SECOND	SURNAME
HOSPITAL AND LOCATION (INCLUDING CITY)			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			DATE OF BIRTH MM DD YYYY
<i>(If home birth, a photocopy of your baby's birth certificate or Certificate of Live Birth is required.)</i>			DATE OF ADOPTION (if applicable) MM DD YYYY
			ATTACH A PHOTOCOPY OF THE PROOF OF ADOPTION OR THE LETTER CONFIRMING ADOPTION IS IN PROGRESS.

3 HOW TO ENROLL YOUR BABY

If YOUR MEDICAL PREMIUMS ARE PAID:

- A. through your employer or union welfare plan
– complete this form and take it to your group administrator for authorization
- B. by the Ministry of Human Resources
– complete this form and take it to your Worker
- C. directly by yourself, or
- D. by Health Canada (Status Indian)
– complete this form and mail it directly to MSP's address noted above.

- Please ensure that this form is completed and returned to our office within 60 days of your baby's birth. A CareCard will be issued after this form is processed.

**AUTHORIZATION
FOR GROUP ADMINISTRATOR USE ONLY**

GROUP NUMBER

ACCOUNT NUMBER

AUTHORIZATION STAMP

4 DECLARATION

Under the *Medicare Protection Act*, a resident is defined as “a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, makes his or her home in British Columbia, and is physically present in British Columbia at least 6 months in a calendar year, and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia.”

- I agree to abide by the terms and conditions of MSP.
- I understand the information I have given is collected under the authority of the *Medicare Protection Act* and may be used to assess eligibility for other Ministry programs.
- I understand that practitioners who provide service(s) under MSP are required under the *Medicare Protection Act* to release information relative to those services to MSP to support claims for benefits.
- I declare that all information provided is true and I understand that the Ministry may verify this information with immigration authorities, law enforcement authorities and other public authorities, agencies and persons as appropriate.
- I declare that the above named child is a resident of British Columbia.

SIGNATURE(S) OF PARENT AND ACCOUNT HOLDER

DATE SIGNED