



BRITISH COLUMBIA

Health Insurance BC

A, B, C, D USE CAPITAL LETTERS ONLY

MEDICAL SERVICES PLAN (MSP) APPLICATION FOR REGULAR PREMIUM ASSISTANCE



APPLICANT INFORMATION

APPLICANT LEGAL LAST NAME, APPLICANT LEGAL FIRST NAME, APPLICANT LEGAL SECOND NAME, PERSONAL HEALTH NUMBER (PHN), BIRTHDATE (MM / DD / YYYY), DAYTIME TELEPHONE NUMBER

MAILING ADDRESS:

APT / UNIT, STREET NUMBER, STREET NAME, CITY, PROVINCE, POSTAL CODE

FINANCIAL INFORMATION

You must file your income tax return with the Canada Revenue Agency (CRA) by April 30 each year.

Net income is found on line 236 of the CRA Notice of Assessment or Notice of Reassessment.

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.

TAX YEAR

This information is from my Notice of Assessment or Notice of Reassessment for the tax year

20

NET INCOME

Enter your net income (from your Notice of Assessment or Notice of Reassessment) \$

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

Enter the net income of your spouse \$

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

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

DEDUCTIONS ALLOWED BY THE MEDICAL SERVICES PLAN (MSP)

SPOUSE - claim \$3,000 \$

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

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

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

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 (if a negative number, enter 0) = \$

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

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

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

TOTAL DEDUCTIONS (add lines 4 to 10) \$

ADJUSTED NET INCOME is net income from your Notice of Assessment or Notice of Reassessment minus above deductions allowed by MSP.

ADJUSTED NET INCOME

ADJUSTED NET INCOME (subtract line 11 from line 3)

If this amount is \$30,000 or less you qualify for Regular Premium Assistance. \$

Note: If adjusted net income is a negative number (e.g. -\$2,300.00), enter 0

This form must be signed. Please see reverse/page 2 for the required Declaration and Consent.

WE CANNOT ACCEPT UNSIGNED FORMS.



