



**BRITISH COLUMBIA**

**Health Insurance BC**

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USE CAPITAL LETTERS ONLY

**MEDICAL SERVICES PLAN (MSP)  
APPLICATION FOR REGULAR  
PREMIUM ASSISTANCE  
AND SUPPLEMENTARY BENEFITS**

**PA**

You can complete and submit this form online at [www.gov.bc.ca/MSP/applyforpremiumassistance](http://www.gov.bc.ca/MSP/applyforpremiumassistance)

APPLICANT INFORMATION		
APPLICANT LEGAL LAST NAME <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>	APPLICANT LEGAL FIRST NAME <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>	APPLICANT LEGAL SECOND NAME <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>
PERSONAL HEALTH NUMBER (PHN) <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>	BIRTHDATE (MM/DD/YYYY) <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>	DAYTIME TELEPHONE NUMBER <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>
MAILING ADDRESS:		
APT./SUITE <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>	STREET NUMBER <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>	STREET NAME <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>
CITY <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>		PROVINCE <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>
		POSTAL CODE <div style="border-bottom: 1px solid black; height: 20px; width: 95%;"></div>

FINANCIAL INFORMATION																																					
<p><b>You must file your income tax return with the Canada Revenue Agency (CRA) by April 30 each year.</b></p> <p><b>Failure to file your income tax return may impact your eligibility for Regular Premium Assistance and other income-based programs.</b></p> <p><b>Net income is found on line 236 of the CRA Notice of Assessment or Notice of Reassessment.</b></p> <p><b>AGE</b> Claim \$3,000 for each person who is 65 or older this year.</p> <p><b>CHILDREN</b> Claim \$3,000 for each minor (under 19 years of age) or dependent post-secondary student (19-24 years of age; may include a student enrolled in full-time studies at a trade school, technical school or high school) included under your MSP coverage.</p> <p><b>DISABILITY</b> If you claimed a disability on your income tax return for yourself, or your spouse, minor or dependent post-secondary student included under your MSP coverage, claim \$3,000 for each disabled person.</p> <p>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.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>TAX YEAR</b> This information is from my Notice of Assessment or Notice of Reassessment for the tax year</td> <td style="width: 50%; text-align: right;">2 0</td> </tr> <tr> <td colspan="2"><b>NET INCOME</b></td> </tr> <tr> <td>Enter your net income (from your Notice of Assessment or Notice of Reassessment) <i>Note: If net income is a negative number (e.g. - \$2,000.00), enter 0</i></td> <td style="text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 150px;"></div> 1</td> </tr> <tr> <td>Enter the net income of your spouse <i>Note: If net income is a negative number (e.g. - \$2,000.00), enter 0</i></td> <td style="text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 150px;"></div> 2</td> </tr> <tr> <td><b>TOTAL NET INCOME</b> (add lines 1 and 2)</td> <td style="text-align: right;">\$ <div style="border-bottom: 1px solid black; 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