

2. MSP APPLICATION CHECKLIST

- ✚ Application is clearly printed and **signed** and **dated** by applicant (and spouse where applicable).
- ✚ A person signing on behalf of someone else must provide legal documentation granting Power of Attorney or clearly indicate signing as a witness for a client incapable of signing.
- ✚ The following mandatory information is provided:
 - Band name and number
 - Registered first name
 - Registered surname
 - Date of birth
 - Residential address (if living off reserve you must have a street address and not a P.O. Box number)
- ✚ A copy of dependent's birth certificate (if applicable) is provided.
- ✚ For clients who are previous residents of BC or continued enrollment at age of 19 indicate previous BC Health Care Number (if known).
- ✚ Ensure all boxes are marked off
- ✚ Copies of supporting documentation is provided (i.e. birth certificate).
- ✚ If faxing the application, please ensure you fax **BOTH** sides.

PLEASE NOTE THAT APPLICATIONS MAY BE DELAYED AND/OR RETURNED IF THE ABOVE INFORMATION IS NOT PROVIDED.

NOTE: BC MEDICAL PREMIUMS THAT HAVE ALREADY BEEN PAID BY INDIVIDUALS AND NOT THROUGH NIHB ARE NON-REFUNDABLE.