



DUE TO HIGH VOLUME, ALLOW 10-12 WEEKS FOR PROCESSING.  
(YOU WILL BE NOTIFIED IN WRITING)

### **TEMPORARY PREMIUM ASSISTANCE**

#### **Include the following:**

Failure to provide ALL required documents along with your completed application may result in the cancellation of your application.

- Application must be filled in completely.
- Copy of Record of Employment from most recent job loss  
(may be obtained from the EI office)
- Confirmation of monthly income from ALL sources (if EI benefits are directly deposited, provide a printout of "My Current Claim" from the EI website)
- Bank balance, RRSP Investment balance, Non-RRSP
- Investment balance and Severance pay MUST be filled in. (If any of these balances are 0.00, be sure to indicate.)
- Indicate your unexpected event of financial hardship and any special circumstances you would like us to consider. You may use a separate sheet of paper.
- If your income is less than expenses, please indicate how you are meeting your expenses.
- Signature of account holder and spouse (if applicable).

**IMPORTANT NOTE: You will continue to receive billing notices while you are waiting for your application to be processed.**

Website: [www.sbr.gov.bc.ca/individual.html](http://www.sbr.gov.bc.ca/individual.html)

Print name and address

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ACCOUNT NUMBER OR PERSONAL HEALTH NUMBER

DATE

**Freedom of Information and Protection of Privacy Act (FOIPPA)** The personal information on this form is collected for the purpose of administering the *Medicare Protection Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.)  
Email: [FOI.QRYS@gov.bc.ca](mailto:FOI.QRYS@gov.bc.ca)

**Telephone: 250 356-8285**

**Toll-free: 1 800 207-2051**

**Fax: 250 387-8021**

### PROGRAM INFORMATION

Temporary Premium Assistance provides a short term waiver of MSP premiums for qualifying individuals and families. It is designed to assist individuals and families who are not able to pay premiums due to sudden unexpected financial hardship for which they could not reasonably have budgeted.

#### To be eligible, an applicant must meet all of the following criteria:

- The applicant is a Canadian citizen or a holder of permanent resident status for the last 12 months
- The applicant has resided in Canada for the last 12 months
- The applicant is billed directly for his or her own MSP Premiums
- The applicant and spouse filed the previous year's Income Tax return
- The applicant must be experiencing unexpected financial hardship for which the applicant could not reasonably have budgeted
- The essential living cost for the household exceeds the total income of the applicant and spouse. Essential living cost does not include consumer debt or loan payments.

Regular Premium Assistance may be available to applicants who have a long period of low income and have filed their income tax return with the Canada Revenue Agency. Further details concerning the regular Premium Assistance may be obtained by contacting Health Insurance BC at:

- [www.healthservices.gov.bc.ca/msp](http://www.healthservices.gov.bc.ca/msp)
- toll free at 1 800-663-7100
- in Vancouver 604 683-7151
- through a **local Service BC Government Agent/BC Access Centre.**

#### NOTE:

***The Ministry of Finance is not responsible for misdirected and/or undeliverable mail.***

If you have not received a written response from our office within 60 days of mailing your application, please contact our office.

A request for a review of our decision may be addressed in writing to the Supervisor, Temporary Premium Assistance, within 30 days from the date of our letter.

**ALL INFORMATION MUST BE PROVIDED OR THE APPLICATION WILL BE RETURNED.**

*Please complete next page*

FULL NAME	ACCOUNT NUMBER OR PERSONAL HEALTH NUMBER
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> COMMON LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	DATE OF BIRTH YYYY / MM / DD

**QUALIFICATION REQUIREMENTS**  
Provide reason for unexpected financial hardship and explain how you are paying your expenses if (a) you have no income or (b) your expenses are greater than your income. Attach a sheet of paper to include any special circumstances you would like us to consider.

Have you been absent from British Columbia in the last 12 months?

NO     YES – If YES, provide the following: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date of departure: YYYY / MM / DD    Date of return: YYYY / MM / DD

Do you qualify for the Regular Premium Assistance Program based on your previous years income? (See Program Information on Page  NO  YES

**MONTHLY HOUSEHOLD INCOME (One month only)**

*Please provide confirmation of all income sources AND Record Of Employment for most recent job loss.*

	YOUR CURRENT MONTHLY INCOME	SPOUSE'S CURRENT MONTHLY INCOME
Self employment (net) .....	\$ _____	\$ _____
Wages (net) .....	\$ _____	\$ _____
Employment Insurance (net) .....	\$ _____	\$ _____
Start Date: YYYY / MM / DD	\$ _____	\$ _____
Social Assistance .....	\$ _____	\$ _____
Pension(s) (specify type) .....	\$ _____	\$ _____
Income from interest on investments .....	\$ _____	\$ _____
GST + Child Tax Benefit + BC Family Bonus .....	\$ _____	\$ _____
Alimony and/or child support .....	\$ _____	\$ _____
Other income (specify source, e.g., boarder, rental property) .....	\$ _____	\$ _____
<b>TOTAL INCOME – Add both columns</b>	<b>\$ _____</b>	

Bank Balance \$	RRSP Investment Balance \$	Non-RRSP Investment Balance \$	Severance Pay \$	Date Severance Pay Received	YYYY / MM / DD
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**MONTHLY HOUSEHOLD EXPENSES (One month only) – Attach a separate sheet to explain other expenses**

*Receipts may be requested to verify expenses.*

Mortgage .....	\$ _____	Food and toiletries .....	\$ _____
Rent .....	\$ _____	Telephone .....	\$ _____
Room and board .....	\$ _____	Cable .....	\$ _____
Property taxes .....	\$ _____	Transportation (do not include insurance) .....	\$ _____
Heating / Hydro .....	\$ _____	Other expenses, please list: .....	\$ _____
Home insurance .....	\$ _____		\$ _____
Medical expenses (other than MSP premiums) .....	\$ _____	<b>TOTAL EXPENSES</b>	<b>\$ _____</b>
Child support or alimony .....	\$ _____	<b>CALCULATION (For office use only)</b>	
Child care / Day care .....	\$ _____		<b>\$ _____</b>

**DECLARATION AND CONSENT – Please read and sign. Without signature(s) this application will be returned.**

- I declare that all information on this application is true and I authorize the Ministry of Finance to verify this information with public authorities, agencies and persons as appropriate.
- I consent to the exchange of information pertaining to this application for the purposes of administering the Medical Services Plan.
- I will advise the Ministry of Finance if there is a change in the circumstances which entitled me to receive Temporary Premium Assistance.
- I understand that my claim for Temporary Premium Assistance is subject to audit. If it is subsequently determined I am not entitled to assistance, I agree that the waived amount will become due and payable.
- I have resided in Canada as a Canadian citizen or holder of permanent residence status (landed immigrant) for at least 12 months immediately preceding this application.
- I am not the child of another beneficiary as defined by the *Medicare Protection Act*.

SIGNATURE OF APPLICANT <b>X</b>	DAYTIME PHONE NO. (    )	BUSINESS PHONE NO. (    )	DATE SIGNED YYYY / MM / DD
SIGNATURE OF SPOUSE <b>X</b>	SPOUSE'S PERSONAL HEALTH NUMBER – If applicable		