



IDENTIFIER

FORM EXPIRY DATE (MM / DD / YYYY)

ATTESTATION FOR

INSTRUCTIONS FOR APPLICANT

If you are submitting this attestation to complete enrolment in the Medical Services Plan (MSP), submit the completed, signed attestation form and a copy of your Primary Identification.

If you are submitting this attestation to complete renewal of enrolment in MSP, submit the completed, signed attestation form and copies of your Primary and Secondary Identification.

If you have been approved by HIBC as being unable to provide Secondary Identification, in addition to this form, you must complete and submit the form HLTH 2953, Attestation - No Secondary Identification

PRIMARY AND SECONDARY IDENTIFICATION:

For accepted Primary and Secondary Identification, visit the Insurance Corporation of BC (ICBC) website at: icbc.com/AcceptedID

BEFORE YOU SUBMIT THIS FORM:

- Ensure that all relevant sections are complete and that you and your attester have signed the form
• Ensure that all required documents are included with your submission

THIS FORM WILL NOT BE ACCEPTED IF:

- It is incomplete, expired, altered or copied for use by another individual
• The applicant is not the individual to whom the form was issued
• The applicant and the attester are the same individual

A. APPLICANT INFORMATION

APPLICANT LEGAL LAST NAME, APPLICANT LEGAL FIRST NAME, APPLICANT LEGAL SECOND NAME

PERSONAL HEALTH NUMBER (PHN)

DATE OF BIRTH (MM / DD / YYYY)

ARE YOU A RESIDENT OF BC? Yes No

RESIDENT means a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, who makes his or her home in British Columbia, and is physically present in British Columbia for at least 6 months in a calendar year, or a shorter prescribed period, 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.

APPLICANT RESIDENTIAL ADDRESS/CONTACT:

APT/UNIT, STREET NUMBER, STREET NAME

CITY, PROVINCE, POSTAL CODE, DAYTIME PHONE NUMBER

APPLICANT MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

APT/UNIT, STREET NUMBER, STREET NAME

CITY, PROVINCE, POSTAL CODE

B. ATTESTOR INFORMATION

ATTESTOR LEGAL LAST NAME ATTESTOR LEGAL FIRST NAME ATTESTOR LEGAL SECOND NAME

ATTESTOR BUSINESS ADDRESS/CONTACT:

APT/UNIT STREET NUMBER STREET NAME

CITY PROVINCE POSTAL CODE BUSINESS PHONE NUMBER

I AM A HEALTH PROFESSIONAL RECOGNIZED BY THE PROVINCE OF BRITISH COLUMBIA, CURRENTLY PRACTISING AND IN GOOD STANDING AS ONE OF THE FOLLOWING:
 PHYSICIAN MEDICAL SOCIAL WORKER REGISTERED PSYCHOLOGIST REGISTERED NURSE NURSE PRACTITIONER PUBLIC HEALTH NURSE

PRACTITIONER OR REGISTRATION NO.

C. DECLARATIONS AND SIGNATURES

Mark here with an X if someone has Power of Attorney or another legal representative agreement and is signing on your behalf. Please include a copy of the agreement with this attestation.

APPLICANT:

I declare the following:

- I am the applicant named in this attestation.
- To the best of my knowledge, all of the information and statements provided in this form are true.

APPLICANT SIGNATURE DATE (MM / DD / YYYY)
 LOCATION (CITY)

ATTESTOR:

I, THE ATTESTOR, CERTIFY THAT:

The applicant is unable to attend before a driver's licensing office to complete enrolment or renewal of enrolment in MSP due to a physical or cognitive health condition.

FOR RENEWAL OF ENROLMENT ONLY:

The physical or cognitive condition is permanent and prevents the applicant from attending before an agent in the future:

YES NO

A permanent condition may include: receiving palliative or hospice care, including home care; a developmental disability; other extraordinary circumstances where a requirement to renew enrolment presents an undue hardship and the Medical Services Commission is satisfied that the applicant's situation is permanent.

I further declare that:

- I am at least 19 years of age
- I am a Canadian Citizen or Permanent Resident of Canada
- I can confirm my identity if requested by Health Insurance BC or the Ministry of Health
- I have met with the applicant in person
- I have witnessed the applicant's signature above
- I have not had my own identity attested to for the purpose of completing enrolment or renewal of enrolment in the Medical Services Plan (MSP)
- I am not a relative of the applicant
- To the best of my knowledge, all of the statements made above are true.

ATTESTOR SIGNATURE DATE (MM / DD / YYYY)

Personal information on this form is collected under the authority of the *Medicare Protection Act* and will be used to determine residency in BC and determine eligibility for provincial health care benefits. 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. If you have any questions about the collection of this information, contact Health Insurance BC at the address or telephone numbers on this form.