

APPLICATION FOR NEWFOUNDLAND & LABRADOR HEALTH CARE COVERAGE
Please read the back of this Application for important registration information

FOR OFFICE USE ONLY	
Elig. Dt.	Term. Dt.

SECTION A ANSWER ALL OF THE FOLLOWING QUESTIONS (please print)

- Have you or your dependents been registered with MCP before? **Yes** **No**
If YES, please list on a separate sheet the previous MCP numbers (if available) of all persons to be registered.
- When did you arrive in Newfoundland & Labrador? _____
- Why did you move to Newfoundland & Labrador? **Work** **Study** **Other** _____
- How long do you intend to stay in Newfoundland & Labrador? _____
- Are any of the people being registered a member of: **Canadian Armed Forces** **NATO Forces** **RCMP**
(Check one - if not applicable, leave blank)
- Have all of your dependents moved with you to Newfoundland & Labrador? **Yes** **No**
If NO, please explain _____
- Are you moving to Newfoundland & Labrador from another part of Canada? **Yes** **No**
If YES, which province or territory? _____
- Are you moving to Newfoundland & Labrador from outside Canada? **Yes** **No**
If YES, which country? _____

SECTION B MAILING ADDRESS

Street/P.O. Box		City/Town
Province	Postal Code	Telephone Number

SECTION C MARITAL STATUS

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Common Law <input type="checkbox"/>
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SECTION D LIST BELOW YOUR NAME AND THE NAMES OF ALL PERSONS REGISTERING FOR HEALTH CARE COVERAGE
(attach a separate sheet if more space required)

Surname	All Given Names	Maiden Name (if applicable)	Sex (M/F)	Birth Date (YY/MM/DD)	Previous Province Health Insurance No.

SECTION E DECLARATION

(It is an offense to give false information for the purpose of obtaining coverage under the Newfoundland & Labrador Medical Care Plan)

I hereby declare that the information given is correct and the person(s) listed on this form are residents of Newfoundland & Labrador.

Signature _____ Date _____

Medical Care Plan

22 High Street, P.O. Box 5000
Grand Falls-Windsor, NL, Canada, A2A 2Y4
Telephone: (709)292-4000 Facsimile: (709)292-4052
Toll Free: 1-800-563-1557

Medical Care Plan

Belvedere Building, 57 Margaret's Place, P.O. Box 8700
St. John's, NL, Canada, A1B 4J6
Telephone: (709)758-1600 Facsimile: (709)758-1694
Toll Free: 1-866-449-4459

APPLICATION FOR NEWFOUNDLAND & LABRADOR HEALTH CARE COVERAGE

PLEASE READ THE FOLLOWING INFORMATION *BEFORE* COMPLETING THE APPLICATION FOR NEWFOUNDLAND & LABRADOR HEALTH CARE COVERAGE

If you are applying for coverage with the Newfoundland & Labrador Medical Care Plan (MCP) for the first time, you must complete this form. If you are only applying for coverage for a newborn or adopted child, please complete the Newborn/Adopted Child Registration form instead.

DOCUMENTS YOU MUST SUBMIT WITH THIS APPLICATION

Applicants moving to Newfoundland & Labrador *from another part of Canada* must attach a copy of one of the following as proof of Canadian Citizenship:

- Social Insurance Card
- Unexpired Canadian Passport
- Canadian Birth Certificate
- Official Federal Government Identity Card or Federal Government document containing the Social Insurance Number and Name.

Applicants moving to Newfoundland & Labrador *from outside Canada* must attach a copy of official Immigration Documents for each person being registered.

Other documents may be requested by us to verify identity or eligibility. Please consult our information brochures or check with our office for more information on the documents you may need to submit. Original documents or good quality photocopies are acceptable. We will return your original documents after processing your application.

INELIGIBLE APPLICANTS

The following persons are not eligible for MCP coverage:

- Tourists, transients, and visitors
- Members of the RCMP, Canadian Armed Forces, or NATO Forces
- Inmates of federal prisons
- Certified refugees or refugee claimants

WAITING PERIOD

If you are moving to Newfoundland & Labrador from another province or territory, you will be covered by your previous Plan for the remainder of the month you arrived in Newfoundland & Labrador, plus two additional months. In order to allow sufficient time for a smooth change in coverage from your previous Plan to MCP, you should apply for coverage with MCP immediately upon arrival in Newfoundland & Labrador.

HEALTH CARE CARDS

If accepted for coverage, each person listed on the application will receive an MCP identity number and card. Keep the card with you at all times and present it each time you require medical services. A child's card should be entrusted to an adult for safekeeping. Contact MCP if your card becomes lost, stolen, damaged, or destroyed. Card replacement forms are also available at doctors' offices and hospitals throughout the province.

There are no charges or fees for MCP cards.

IT IS IMPORTANT THAT YOU NOTIFY MCP OF CHANGES TO YOUR NAME, ADDRESS, OR RESIDENCY STATUS