

PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THE APPLICATION ON THE REVERSE

- If you are applying for coverage with the Newfoundland and Labrador Medical Care Plan (MCP) you must complete this form.
- If you are applying for coverage for a newborn or adopted child, please complete the Newborn/Adopted Child Registration form.
- All forms are available on the website at www.gov.nl.ca/mcp and by calling MCP at one of the numbers listed at the bottom of this page.
- There are no charges or fees for MCP cards or registration.

DOCUMENTS YOU MUST SUBMIT WITH THIS APPLICATION

Canadian Citizens moving to Newfoundland and Labrador must provide one of the following documents:

- Valid Canadian Passport.
- Government issued Birth Certificate. (Baptismal/Dedication Certificates are not acceptable)

Non-Canadians moving to Newfoundland and Labrador must provide the following documents:

- Valid Immigration document. (Example: Work Permit; Study Permit; Visitor Permit).
- Valid Passport.
- For **International Students**: Letter (issued since your arrival in Newfoundland and Labrador and dated within 30 days of the submission of this form) from your Educational Institution verifying full-time enrolment for at least one year.
- For **International Workers**: Letter (issued since your arrival in Newfoundland and Labrador) from Employer verifying full-time employment.

OR

- Permanent Resident Card. (A copy of both the front and back of the card is required.)

Other documents may be requested by MCP at the time of registration in order to verify identity or eligibility.

Original documents or good quality photocopies are acceptable. Original documents will be returned after your application has been processed.

MCP will not be responsible for original documents that may get lost in the mail.

INELIGIBLE APPLICANTS

The following persons are not eligible for MCP coverage:

- Tourists, transients, and visitors.
- Members of the Canadian Forces or NATO Forces.
- Inmates of Federal prisons.
- Persons moving to Newfoundland and Labrador for a period of less than one year, unless otherwise allowed under MCP criteria.

WAITING PERIOD

If you are moving permanently to Newfoundland and Labrador from another province or territory you will be covered by your previous Plan for the remainder of the month you arrive in Newfoundland and 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 and Labrador.

HEALTH CARE CARDS

If eligible 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. 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.

INTENT FOR ORGAN/TISSUE DONATION

Your intent to donate is supported by the *Human Tissue Act*. You can indicate your intent by signing in the space provided on the reverse.

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

Grand Falls-Windsor Office:

MCP, 22 High Street, PO Box 5000, Grand Falls-Windsor, NL, A2A 2Y4
Telephone: 709-292-4000 Toll Free: 1-800-563-1557 Facsimile: 709-292-4052

St. John's Office:

MCP, 45 Major's Path, PO Box 8700, St. John's, NL, A1B 4J6
Telephone: 709-758-1600 Toll Free: 1-866-449-4459 Facsimile: 709-758-1694

APPLICATION FOR NEWFOUNDLAND AND LABRADOR HEALTH CARE COVERAGE

SECTION A	LIST BELOW YOUR NAME AND THE NAMES OF ALL PERSONS REGISTERING FOR HEALTH CARE COVERAGE (attach a separate sheet if more space required)
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Surname	All Given Names (in full)		Surname at Birth	Sex/Gender M / F / X	Birth Date			Previous Province Health Insurance No. (if applicable)
	First Name	Middle Name			YYYY	MM	DD	

SECTION B	HOME MAILING ADDRESS
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Street / P.O. Box	City / Town	Province NL	Postal Code
Home Telephone Number	Cell Number	E-mail Address	

SECTION C	MARITAL STATUS - If your spouse (legal or common law) is not already registered, s/he must also register at this time.
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Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
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SECTION D	ANSWER ALL OF THE FOLLOWING QUESTIONS (please print) (see reverse for required documentation)
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1. 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.
2. When did you and/or your dependents move to Newfoundland & Labrador? _____
3. Are you moving to Newfoundland & Labrador from another part of Canada? Yes - Province/Territory _____ No
4. Are you moving to Newfoundland & Labrador from outside Canada? Yes - Country _____ No
5. Why did you move to Newfoundland & Labrador? Work Study Medical Intern/Resident Other _____
6. How long do you intend to reside in Newfoundland & Labrador? _____
7. Have all of your dependents moved with you to Newfoundland & Labrador? Yes No - explain _____
8. Are any of the applicants listed on this form a member of: Canadian Forces NATO Forces Part-time Reserve
Name of applicant(s) _____

SECTION E	DECLARATION (to be signed by parent/legal guardian if applicant(s) under 16 years of age)
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IT IS AN OFFENCE TO GIVE FALSE INFORMATION FOR THE PURPOSE OF OBTAINING COVERAGE UNDER THE NEWFOUNDLAND & LABRADOR MEDICAL CARE PLAN

I _____ hereby declare that I am the person named on the form, the information given is correct, and the person(s) listed on this form are residents of Newfoundland and Labrador. In lieu of a written signature, my typed name on the form shall be considered my electronic signature.

Electronic or Written Signature of Applicant: _____ Date: _____

INTENT FOR ORGAN/TISSUE DONATION - If anyone named on this form wishes to become an organ/tissue donor, please sign in one of the spaces below.
Your intent to donate is supported by the *Human Tissue Act*. (if signing below, please also print your name)

Electronic or Written Signature and Printed Name	Electronic or Written Signature and Printed Name
Electronic or Written Signature and Printed Name	Electronic or Written Signature and Printed Name

PRIVACY NOTICE: The Newfoundland and Labrador Medical Care Plan (MCP) collects personal health information under the authority of the *Medical Care and Hospital Insurance Act*. Personal health information collected, used, disclosed, and safeguarded is in accordance with the *Personal Health Information Act* (PHIA). If you have any questions about the collection or use of this information please contact our office.