

Health Cards

All provinces with the exception of New Brunswick state that new residents (people on work permits) should apply straight away. A general rule: work permits should be a minimum of 12 months. In Nova Scotia applicants must sign a declaration stating that they are remaining in Nova Scotia for at least 1 full year. For New Brunswick, new arrivals have to wait six months before they can apply.



Ontario

Ontario residents are eligible for provincially funded health coverage (OHIP). Generally, to be eligible for Ontario health coverage you must:

- be a Canadian citizen, permanent resident or among one of the newcomer to Canada groups who are eligible for OHIP as set out in Ontario's Health Insurance Act (**those on temporary work permits**); and
- be physically present in Ontario for 153 days in any 12-month period; and
- be physically present in Ontario for at least 153 days of the first 183 days immediately after establishing residency in the province; and
- Make your primary place of residence in Ontario.

OHIP coverage normally becomes effective three months after the date you establish residency in Ontario.

What you need to know:

You can apply for your first health card at a **Service Ontario** centre. Bring a completed **Registration for Ontario Health Coverage form (form 0265-82)** and the necessary **original documents on the Ontario Health Coverage document list (form 9998E-82)**.

You can access the Health Coverage form here:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0265-82>

You can access the documents list here:

[www.forms.ssb.wgov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-9998E-82~1/\\$File/9998-82E.pdf](http://www.forms.ssb.wgov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-9998E-82~1/$File/9998-82E.pdf)

Provide proof of employment - on employment letterhead - proof of lease, proof of bank account (bank statements) etc.

Apply straight away and then provide the letter of employment when you have it, as the waiting time is about 3 months.

To find a Service Ontario centre near you:

<https://www.services.gov.on.ca/locations/mapLocations.do?ext=t&mapsDisplay=NORMAL&locale=EN&id=11282>

Alberta

Alberta Health requires applicants to include one of the following documents from Citizenship and Immigration Canada (CIC) with your application for Alberta Health Care Insurance Plan (AHCIP) coverage:

- Confirmation of permanent residence
- Permanent resident card
- **Active work* (minimum 6 months), study* or visitor* permit for Alberta**

***NOTE: Not all Alberta permits qualify the permit holder for health care insurance coverage in Alberta.**

AHCIP coverage is valid from the date signed (or the date of your arrival into Alberta whichever is later) until the expiry date noted on your work permit that was submitted to Alberta Health when you applied.

How to register for AHCIP and necessary documentation:

When you apply for Alberta Health Care Insurance Plan (AHCIP) coverage, you must provide supporting documents that prove:

- Alberta residency
- Identity and
- Legal entitlement to be in Canada

If these documents are not provided, an application cannot be processed. Examples of acceptable documents are provided below.

What to bring when you register at an authorized registry agent office:

Completed AHCIP Coverage application form. The application form is also available at registry agent offices or by mail if you contact us.



Bring original documents to the registry agent office.

Processing time can take up to 5 days.

Application Forms can be accessed here:

<http://www.health.alberta.ca/AHCIP/forms.html>

Acceptable documents to use when you register:

1. Alberta residency. Document must show name and current Alberta address, which must be the same as on the application:

- Current Alberta driver's licence
- Current Alberta registries identity card
- Current utility bills for an Alberta residence
- A current pay stub, bank statement or lease agreement may be submitted as proof of Alberta residency as long as it includes your full name and Alberta address.

2. Government issued photo identification. Document must be government issued identification (ID) which shows your photo, name and birth date:

- Canadian/Non-Canadian passport

3. Legal entitlement to be in Canada. Document must be ID which shows your name and birth date:

- Canada entry document

More Information: <http://www.health.alberta.ca/AHCIP/how-to-register.html>

Note: If your work permit has been renewed or extended, please provide Alberta Health with a copy of the new work permit in order to extend or reinstate your

AHCIP coverage. If Alberta Health does not receive a copy of your renewed or extended work permit, your AHCIP coverage will be cancelled on the expiry date noted on the previous work permit. You may submit a copy of your renewed or extended work permit by mail or fax, or by visiting an authorized registry agent (original documents are required at the registry office).

AHCIP coverage does not continue with CIC “implied” status

A designation by Citizenship and Immigration Canada (CIC) of “implied” status does not qualify you to maintain your AHCIP coverage. A new Canada entry document is required for your coverage to continue. While waiting in Alberta for a new work, study or visitor* permit, or confirmation of permanent residency, you may be eligible for a one time only temporary extension of health care insurance coverage.

Contact us before the expiration date of your Canada entry document

British Columbia

To qualify for Medical Services Plan (MSP) coverage, you must be a resident of B.C. A resident is a person who:

- is a citizen or permanent resident (landed immigrant) of Canada;
- makes her or his home in British Columbia; and
- Is physically present in British Columbia at least six months in a calendar year.

Certain other persons, such as some holders of study and/or work permits, or working permits on working holiday programs — which are issued under the federal Immigration and Refugee Protection Act and are valid for a period of six or more months — may be deemed residents. Tourists or visitors to B.C. do not qualify.

A spouse or a child of an eligible B.C. resident may also be deemed a resident provided that an application for permanent residence status has been accepted for

processing by Citizenship and Immigration Canada (CIC), and the application remains active. For more information, see [Covering a Spouse or Child who is an Applicant for Permanent Resident Status in Canada \(PDF 274K\)](#).

Dependent - includes a spouse and children who are deemed to be a resident.

Spouse - a resident who is either married to or is living and cohabiting in a marriage-like relationship with the applicant, and may be of the same gender as the applicant. (Note: in the case of divorce, the former spouse is no longer eligible for coverage as a dependent and must apply for separate coverage.)

Child - a resident who is the legal ward or child of the applicant, is supported by the applicant, is neither married nor living and cohabiting in a marriage-like relationship, and is either age 18 or younger or age 19 to 24 and attending school or university full-time.

If you are uncertain about your eligibility status or the eligibility status of your dependent(s), contact us for assistance.

How to Enrol

It takes approximately two months to process your application. Missing or incomplete information will further extend the processing time.

Application Form can be found here:

<https://www.health.gov.bc.ca/exforms/msp/102fil.pdf>

Required Documents:

Temporary Citizenship & Immigration Canada Document Holders:

- Temporary Resident Permit
 - Work Permit
 - Study Permit
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Manitoba

I'm new to Canada. How do I apply for coverage?

If you are a new resident and would like to apply for Manitoba Health coverage, please present a photocopy of your passport and all other Citizenship and Immigration Canada documents which have been issued to you and your dependants along with a completed Manitoba Health Registration Form which can be accessed at www.gov.mb.ca/health/documents/mg1883.pdf. Providing the document you have been issued is acceptable as outlined in The Health Services Insurance Act, you may be eligible for coverage.

If your Work Permit is valid for at least 12 months in Manitoba, you and any family members listed on the Work Permit are eligible for coverage as of the date it was issued. If your Work Permit is less than 12 months, you are not eligible until you receive an extension allowing you to stay in Manitoba for at least 12 months. You will then be covered as of the date of the extension

Application Form can be accessed here:

<http://www.gov.mb.ca/health/documents/mg1883.pdf>

Saskatchewan

Individuals on temporary work permits are eligible to apply for health coverage. Apply as soon as you arrive.

Required Documents include:

- Study Permit (Student certification form may be required)
- Work Permit (An open work permit must be accompanied by a letter from your employer)
- Foreign Passport with Immigration Stamp

- Saskatchewan Residency: a valid document that displays your name and current home address and confirms that your primary place of residence is in Saskatchewan, such as: rental, or lease agreement, Utility Bill (home telephone, cable TV, satellite TV, water, gas, or energy), Employer record (pay stub or letter from employer on company letterhead)
- Support of Identity is a valid document that displays your name (and may include signature), such as: Passport, Birth Certificate

Application Form can be found here: <http://www.health.gov.sk.ca/form-he262>

Or, you can apply online here: <http://www.health.gov.sk.ca/apply-for-health-card>

Quebec

Persons in Québec temporarily

Some people staying in Québec temporarily, who are coming from outside Canada, may also be entitled to a Health Insurance Card if they:

- are in Québec temporarily to work;
- have received a study or training scholarship;
- are the spouse of the worker or trainee and are accompanying that person.

Two persons (of the opposite sex or the same sex) are considered spouses if they are married and have entered into a civil union, or have been living together for 12 months (separations of less than 90 days do not interrupt the 12-month period), or are living together (regardless of for how long) and together have had or have adopted a child.

Step 1: Fill out the registration form

First, you need to obtain the registration form from the Régie de l'assurance maladie du Québec. You cannot register a child online. You must call the Régie or visit an office of the Régie during office hours to obtain a registration form.

Please note that the Régie cannot send you this form before you arrive in Québec. If you call, the Régie recommends that you have your proof-of-identity documents handy. If you come to an office of the Régie, you can submit your application for registration at the office, as long as you have all the required documents with you. Next, provide the requested information, check the information appearing on the form and make corrections if necessary. Be sure to sign the form.

Step 2: Attach the required proof-of-identity documents

You must attach certain documents to your registration form. After duplicating them, the Régie will return any original documents to you within 30 days, but you won't receive them at the same time as your Health Insurance Card.

Instead of an original document, you may submit a certified true copy
Certified true copy

A copy of an original document that is certified true by a competent authority. Not just a photocopy. Only certified true copies from the organization that issued the original document are accepted by the Régie de l'assurance maladie. from the issuing organization.

Documents include:

- the originals of the documents issued by the Canadian and Québec immigration authorities

Foreign nationals in Québec as temporary workers:

the original of an employment authorization issued by the Canadian immigration authorities allowing them to work in Québec for more than 6 months. The authorization must indicate the employer's name and the place of employment.

Step 3: Send in the documents and have your photo

To obtain a Health Insurance Card, you must in most cases provide your signature and a photo meeting specifications established by the government. The section on

photo and signature explains who must have their photo taken and what the procedure is.

Those persons not required to provide their photo and signature must mail their form and the required documents to the Régie or bring them to one of the Régie's offices.

Receiving a Health Insurance Card

The Régie will process your application and, if you fulfill the eligibility requirements, will send you a letter indicating when your coverage under the Health Insurance Plan takes effect. You will receive your Health Insurance Card within 2 weeks after that date.

Apart from certain exceptions, the Régie does not reimburse the cost of the healthcare received during the waiting period.

During this period, to save you from having to pay for any healthcare services that you or your family members may need, the Régie strongly recommends that you take out private insurance within 5 days following your arrival in Québec. Thereafter, coverage is more difficult to obtain. For information about private insurance, contact the OmbudService for Life - Health Insurance (OLHI).

For more information, and to find out how to retain forms go here:

<http://www.ramq.gouv.qc.ca/en/citizens/health-insurance/registration/Pages/how-to-register.aspx>

Newfoundland

International workers coming to Newfoundland and Labrador must present:

- a work permit valid for at least 12 months (except international health care workers)

- have a valid social insurance number

Then, individuals must apply for a Medical Care Plan number. See below.

Registration

To apply for coverage, complete an Application Form and mail, fax, or bring it to Medical Care Plan (MCP)'s office, along with the appropriate identification and citizenship/immigration documents (photocopies are acceptable). Application forms are available at hospitals and doctors' offices throughout the province, and of course, from Medical Care Plan (MCP).

- Application for Newfoundland and Labrador Health Care Coverage (423 KB)

Properly completed applications with all necessary supporting documents, are normally evaluated within two weeks. There are no direct premiums or charges for registration. If accepted for coverage, each person will receive a plastic Medical Care Plan (MCP) Card with a personal health identity number. This card should be presented whenever insured services are received.

To find Application Form go here:

http://www.health.gov.nl.ca/health/mcp/forms/ben_reg.pdf

New Brunswick

New residents must wait 6 months before they can apply.

To be eligible for New Brunswick Medicare coverage you must be:

- a Canadian citizen or be legally entitled to remain in Canada;
- a resident who makes his/her permanent and principal home in New Brunswick

A “resident” means a person lawfully entitled to be or to remain in Canada, who makes his home and is ordinarily present in New Brunswick, but does not include a tourist, transient or visitor to the Province.

Registration

An application for registration form is available from the offices of Service New Brunswick (SNB). A separate form should be completed for any dependent who has reached a nineteenth birthday.

Applications are assessed on an individual basis and other documents may be requested to verify eligibility.

Once a completed application form is received from new registrants and their eligibility is established, a letter indicating actual start date of coverage is issued. A valid New Brunswick Medicare card is issued and mailed shortly thereafter.

If you have moved to New Brunswick, you may be eligible for New Brunswick Medicare coverage on the first day of the third month following the month you have established permanent residence in New Brunswick. For example, if you moved to New Brunswick on July 20, the month of July will count as the first month, with August and September as the following two. In this case, coverage would begin October 1.

The three month waiting period is legislated under New Brunswick’s Medical Services Payment Act.

You can find Application Forms here:

<https://www.pxw1.snb.ca/snb7001/e/1000/CSS-FOL-35-5012E.pdf>

Nova Scotia

To be eligible for Nova Scotia Medical Service Insurance (MSI) benefits you must be:

- a Canadian Citizen or "Permanent Resident" (Landed Immigrant)
- a resident who makes his/her permanent home in Nova Scotia and is present in the province 183 days every calendar year.
- You must be registered with MSI to be eligible for benefits.



People moving to Nova Scotia from outside the country, who hold a Work Permit, are eligible to apply for MSI upon their arrival in Nova Scotia, provided they will be remaining in Nova Scotia for at least one full year and have signed a declaration. The worker cannot be absent from Nova Scotia for more than 31 days, except in the course of employment. Coverage will begin on the date of arrival in Nova Scotia or the date the Work Permit was issued,

whichever is the later date. For continuous coverage, a copy of the renewed Work Permit must be submitted and a new declaration form must be signed each year.

People coming to Nova Scotia from outside the country who hold a Study Permit can apply for coverage the first day of the thirteenth month following the date of arrival in Nova Scotia as a student; providing they have not been outside the province for more than 31 consecutive days except in the course of their studies (for example a person arriving in Nova Scotia in July 2004 cannot apply until August 2005). For continuous coverage, a copy of each Study Permit must be submitted to MSI and a declaration must be signed each year. Persons on Study Permit are Eligible for insurance services in Nova Scotia Only. Services rendered while outside the province would be the responsibilities of the individuals.

Forms are available by calling the MSI toll-free within Nova Scotia number at 1-800-563-8880.

Applications are assessed on an individual basis and proof of Citizenship or Immigration documentation is required. Once the application is processed, health cards are issued for each family member. Health cards must be presented to health care providers before receiving insured health services.

