

**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](http://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.

**DOCUMENTS YOU MUST SUBMIT WITH THIS APPLICATION**

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

- Social Insurance Card.
- Valid Canadian Passport.
- Government issued Birth Certificate. (Baptismal/Dedication Certificates are not acceptable)
- Federal Government document containing your name and social insurance number. (Example: Assessment from Revenue Canada)

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

- Immigration document valid for at least one year. (Example: Work Permit; Study Permit; Visitor Permit).
- Valid Passport.
- Letter from University or Employer (issued since your arrival in Newfoundland and Labrador) verifying full-time enrolment or employment for at least one year.

**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.
- Certified refugees or refugee claimants.
- Persons moving temporarily to Newfoundland and Labrador for a period of less than one year.

**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 arrived 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** | ANSWER ALL OF THE FOLLOWING QUESTIONS (please print) (see reverse for required documentation)

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 B** | HOME MAILING ADDRESS

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.

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"/>
---------------------------------	----------------------------------	-------------------------------------	------------------------------------	-----------------------------------	----------------------------------

**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 (in full)		Surname at Birth	Sex (M / F)	Birth Date			Previous Province Health Insurance No. (if applicable)
	(First Name)	(Middle Name)			(YYYY)	(MM)	(DD)	

**SECTION E** | DECLARATION (to be signed by parent/legal guardian if applicant(s) under 16 years of age)

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

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.

Printed Name	Signature	Printed Name	Signature
Printed Name	Signature	Printed Name	Signature

**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. The Department of Health and Community Services privacy statement can be found at [www.health.gov.nl.ca/health/PHIA](http://www.health.gov.nl.ca/health/PHIA).