Benefits Card Registration Form

The Benefits Card is an important piece of identification that will ease access to your benefits. This multi-purpose card provides your policy information for submission of claims at both the Pharmacy (prescription medications) and the Dental Office (electronic claims). Contact information for the Student Benefits Plan Representative is also provided. You can replace your lost or stolen cards immediately at the Student Benefits Plan Office.

About BC Fair Pharmacare:
The BC Fair Pharmacare program implemented May 2003 is intended to provide greater financial assistance to British Columbians for eligible prescription medications and designated medical supplies. You must be a resident of BC with an MSP number and Social Insurance number.

Students with a net income of less than $15,000.00 and on their own MSP will enjoy lower out-of-pocket charges for their eligible prescription medications and supplies by coordinating your student plan and Fair Pharmacare.

It is essential that all students who are permanent residents of British Columbia provide their Fair Pharmacare Registration number when completing the Benefits Card Registration Form.

FOLLOW THESE EASY STEPS TO REGISTER:
Have ready your:

- BC Care Card number
- net income from 2 years ago
- social insurance number
- birthdate

You will receive your registration number immediately.

Register online @ http://pharmacare.moh.hnet.bc.ca/

If you experience difficulty registering, or it states that you are already registered, or if you prefer to register over the phone please call: 604-683-7151 or 1-800-663-7100 for assistance.

Please note: if you are not a permanent resident of BC you must still fill out the registration form providing your home province or country in place of the Fair Pharmacare registration number.

To get your Benefit Card once this form is complete:

- bring it to the Student Benefits Office; or
- fax it to 604-599-2432; or
- email the registration number, your student ID# and your mailing address to: benefits@kusa.ca

Students must check their fee assessment schedule to confirm plan eligibility*

STUDENT INFORMATION

Last Name _____ First Name _____ Initial ____ Gender ____ Date of Birth D D M M M Y Y Y Y

Permanent Home Address _____ City/Province _____ Postal Code _____

Student ID Number _____ Campus of Study _____ BC Fair PharmaCare Registration No. _____

AUTHORIZATION

I understand the information provided above is required in order to obtain the said pay direct drug card. I hereby authorize and consent to the use, release, and exchange of the above information between the institution, the student organization, the Student Service Co-ordinator, Gallivan & Associates, BCE Emergis Assure Health Division, and the insurance carrier(s) to be used solely in connection with the Student Benefits Plan. I confirm that all the information provided herein is accurate. I also understand that the Student Service Coordinator may need to notify the institution to find out whether or not I have paid for the plan.

X _____ ( ) - Phone _____ D D M M M Y Y Y Y Date _____

Student Signature

OFFICE USE ONLY

Member ID _____ D D M M M Y Y Y Y Processing Date _____ Processed By _____

The Integrated Care Solution