



Benefits Card Registration Form

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

To obtain your myBenefits Card you must first register for BC Fair Pharmacare. Once your registration is completed simply complete the below form. The benefits card is an important piece of identification that will ease access to your benefits. The card provides your policy information for submission of claims at the Pharmacy, most dental offices, and some paramedical health practitioners.

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 \$30,000.00 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 myBenefits 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 at: <https://my.gov.bc.ca/fpcare/registration/requirements>

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 Plan Office; or
- Email a scanned copy of the form to: ccssplan@camosun.bc.ca.
- This form can also be completed online at: <https://www.mystudentplan.ca/camosun/en/form-benefits-card-registration>

STUDENT INFORMATION

_____	_____	_____	DD MM YYYY
Last Name	First Name	Initial	Date of Birth
_____		_____	_____
Permanent Home Address		City/Province	Postal Code Email
_____	_____	_____	
Student ID Number	Campus of Study	BC Fair PharmaCare Registration No.	

PLEASE INDICATE HOW YOU WOULD LIKE TO ACCESS YOUR BENEFIT CARD:

- I will pick up myBenefits Card from the benefits plan office Please send an electronic version of myBenefits Card to the email address provided above

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, Telus Health Solutions, and Great-West Life 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.

_____	() -	DD MM YYYY
Student Signature	Phone	Date

OFFICE USE ONLY

_____	DD MM YYYY	_____
Member ID	Processing Date	Processed By

