

Instructions - Registration for Health Services Form

Before You Begin

To apply for a Nova Scotia (NS) Health Card, complete **Sections A1 to A7** and sign/date. If registering a Spouse, Common-law Partner (also complete **Sections B1 to B7** and have them sign/date), or Dependants (also complete **Sections C0 to C5** and sign/date) living in the same address as you. Incomplete applications may be unable to be processed, and registration may be delayed.

Each applicant must provide:

- Personal information
- Residency details
- Proof of Canadian citizenship or legal entitlement to remain in Canada

Optional sections are available for:

- Organ and tissue donation
- Provincial medical research consent – **Sections E** (E2 Applicant and E4 Spouse/Common-law Partner)

Eligibility

To qualify for Medical Services Insurance (MSI) coverage in Nova Scotia, you must meet the following conditions:

- Are a resident of Nova Scotia and not a tourist, transient, or visitor
- Make Nova Scotia your primary place of residence
- Will be physically present for at least 183 days in any 12-month period

Note: Work and study permit holders must also sign and adhere to eligibility requirements and terms found in **Section D** – Declaration for Study and Work Permit Holders.

Who Can Use This Form

You may use this form if you are:

- A Canadian citizen or Permanent Resident
- A Work Permit holder valid for at least 12 months from date you become a resident
- A Study Permit holder valid for longer than 12 months from date you become a resident (coverage eligibility starts on the first day of the 13th month after date you become a resident)

Please contact MSI at 902-496-7008 or 1-800-563-8880 (in Canada), to determine your eligibility if you are a resident of Nova Scotia and do not meet these requirements.

Required Documents

You must provide one clear copy for each of the following two requirements. For each requirement, select one document from the lists provided below:

- Your Nova Scotia civic address
- Your citizenship or immigration status and legal entitlement to remain in Canada

Examples of acceptable documents:

Civic address (select one)	Canadian citizenship or immigration status (select one)
Mortgage Document	Canadian Birth Certificate
Rental/Lease Agreement (signed by landlord and tenant)	Canadian Passport (not expired more than 5 years)
Utility Bill (not older than 6 months)	Canadian Citizenship Card/Certificate (front & back)
Insurance Policy	Canadian Armed Forces Identification Card
Nova Scotia Driver's License/Photo Identification	RCMP Identification
Income Assistance Benefit Statement	Certificate of Indian Status Card
Canada Revenue Agency Notice of Assessment	Confirmation of Permanent Residence (CoPR) document
Nova Scotia Motor Vehicle Registration	Nexus Card
Child Tax Benefit Statement	Permanent Residence Card (front & back)
Property Tax Bill	Work Permit*
Bank Statement	Study Permit*
Credit Card Statement	Visitor Permit*
Employment Confirmation	

*If you have more than one permit that covers the eligibility period, please include a copy of each permit with your application.

Registration for Health Services Form – Section A

Applicant

Follow the instructions provided to complete this form.

Document Checklist

Ensure you attach **one acceptable document for each requirement** with your application:

Proof of Nova Scotia Civic address

Proof of Canadian citizenship or legal entitlement to remain in Canada

Section A1 – Personal Information

Last Name		First Name		Middle Name	
Female	Male	Marital Status		Date	Day
Do you want this identifier displayed on your Health Card? No Yes		Married/Common-law Single		of	Month
				Birth	Year
Daytime Phone Number			Other Phone Number		
Mailing Address		City/Town/Community	Province/State	Postal/Zip Code	Country
Civic Address (if different)			Civic Address City/Town/Community		

Section A2 – Health Card History

Have you ever had a Nova Scotia Health Card? No Yes

If Yes:

Previous Health Card Number (if known): _____

Name (if different): _____

Date you left Nova Scotia (if known): _____

Section A3 – Residency

Date of arrival in Nova Scotia: Day ____ Month ____ Year ____

Where did you arrive from? (Country/Province/Territory): _____

If coming from another Canadian Province/Territory, provide previous Health Card Number (if known): _____

Do you intend to reside in Nova Scotia permanently? No Yes

If Yes: Date became permanent resident (if different from arrival): _____

If No: Explain reason and duration of intended stay: _____

Section A4 – Status

Are you a Canadian Citizen or Permanent Resident moving to NS to study full-time? No Yes

If Yes: Do you intend to remain in NS after completing studies? No Yes

Are you a member of the Canadian Armed Forces? No Yes

Have you recently left the Canadian Armed Forces? No Yes (if yes, date of discharge: _____)

Are you releasing from the Canadian Armed Forces? No Yes (if yes, date of release: _____)

Are you a member of the Canadian Reserve Force? No Yes (if yes, specify class: A B C)

Section A5 – Address Consent

Your personal health information is protected by the Personal Health Information Act and can only be updated by you or someone with your express consent. You can choose to authorize your Spouse/Common-law Partner to update your address. This authorization is limited to address updates and does not permit other changes to your personal information.

You and your Spouse/Common-law Partner must both choose Yes, in Sections A5 and B5, to both be able to enquire and update information related to your Dependant(s) and your family address. If you both do not agree, then you will be registered separately and only the Primary Contact may enquire and update information related to Dependents (see Section C0 below).

The consent will remain in effect until you revoke it or MSI is notified that you have moved out of Nova Scotia. You may revoke your consent at any time by visiting <https://novascotia.ca/dhw-med-02> or contacting MSI.

Do you authorize your Spouse or Common-law Partner to update your address on your behalf?

No Yes If Yes, provide Name of Spouse/Common-law Partner: _____ Not Applicable

Learn more about Address Consent at <https://novascotia.ca/dhw-med-04>

Section A6 – Organ & Tissue Donation (Optional)

It is your choice. You can indicate a donation decision below or choose not to register one. You can change a previous decision at any time.

If you are 19 or older and eligible, you will be seen as agreeing to be an organ and tissue donor after your death, unless you register a decision to opt out of donation. This will be confirmed with your family at the time of your death.

Do you want to register a donation decision now?

Please select your choice:

Yes, I want to be a donor and donate all organs and tissues (donor 1)

Yes, I want to be a donor and ONLY donate the following organs and tissues (donor 2):

Organs: Lungs Heart Liver Kidneys Pancreas Small Bowel

Tissues: Skin Vein Eyes Bone & Related Structures Heart Valves/Pericardium

No, I don't want to be a donor (opt out)

Learn more about your organ and tissue donation choices and Nova Scotia's organ and tissue donation legislation at <https://novascotia.ca/organ-and-tissue-donation>. Learn about organ and tissue donation at www.nshealth.ca/legacy-life, or by calling (toll-free in Canada) 1-844-411-5433 for information on organ donation and 1-800-314-6515 for information on tissue donation.

Section A7 – Signature

I certify that I am a resident of Nova Scotia and that the information provided above is correct. A resident is a person who makes their home and is ordinarily present in Nova Scotia – not a visitor, tourist, or transient. I authorize any health service provider paid by Medical Services Insurance (MSI) to release any information requested by MSI for claims payment and audit.

Applicant _____
Signature is required to complete this form.

Date _____

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.

Registration for Health Services Form – Section B Spouse/Common-law Partner

Follow the instructions provided to complete this form. To complete the application for a Spouse/Common-law Partner, Section B must be submitted with Section A. Incomplete forms may delay registration with MSI.

Document Checklist

Ensure you attach **one acceptable document** with your application:

Proof of Canadian citizenship or legal entitlement to remain in Canada

Section B1 – Personal Information

Last Name	First Name	Middle Name
Female	Male	Date of Birth
Do you want this identifier displayed on your Health Card? No Yes		Day Month Year
Daytime Phone Number		Other Phone Number

Section B2 – Health Card History

Have you ever had a Nova Scotia Health Card? No Yes

If Yes:

Previous Health Card Number (if known): _____

Name (if different): _____

Date you left Nova Scotia (if known): _____

Section B3 – Residency

Date of arrival in Nova Scotia: Day ____ Month ____ Year ____

Where did you arrive from? (Country/Province/Territory): _____

If coming from another Canadian Province/Territory, provide previous Health Card Number (if known): _____

Do you intend to reside in Nova Scotia permanently? No Yes

If Yes: Date became permanent resident (if different from arrival): _____

If No: Explain reason and duration of intended stay: _____

Section B4 – Status

Are you a Canadian Citizen or Permanent Resident moving to NS to study full-time? No Yes

If Yes: Do you intend to remain in NS after completing studies? No Yes

Are you a member of the Canadian Armed Forces? No Yes

Have you recently left the Canadian Armed Forces? No Yes (if yes, date of discharge: _____)

Are you releasing from the Canadian Armed Forces? No Yes (if yes, date of release: _____)

Are you a member of the Canadian Reserve Force? No Yes (if yes, specify class: A B C)

Section B5 – Address Consent

Your personal health information is protected by the Personal Health Information Act and can only be updated by you or someone with your express consent. You can choose to authorize your Spouse/Common-law Partner to update your address. This authorization is limited to address updates and does not permit other changes to your personal information.

You and your Spouse/Common-law Partner must both choose Yes, in Sections A5 and B5, to both be able to enquire and update information related to your Dependant(s) and your family address. If you both do not agree, then you will be registered separately and only the Primary Contact may enquire and update information related to Dependents (see Section C0 below).

The consent will remain in effect until you revoke it or MSI is notified that you have moved out of Nova Scotia. You may revoke your consent at any time by visiting <https://novascotia.ca/dhw-med-02> or contacting MSI.

Do you authorize your Spouse or Common-law Partner to update your address on your behalf?

No Yes If Yes, provide Name of Spouse/Common-law Partner: _____

Learn more about Address Consent at <https://novascotia.ca/dhw-med-04>

Section B6 – Organ & Tissue Donation (Optional)

It is your choice. You can indicate a donation decision below or choose not to register one. You can change a previous decision at any time.

If you are 19 or older and eligible, you will be seen as agreeing to be an organ and tissue donor after your death, unless you register a decision to opt out of donation. This will be confirmed with your family at the time of your death.

Do you want to register a donation decision now?

Please select your choice:

Yes, I want to be a donor and donate all organs and tissues (donor 1)

Yes, I want to be a donor and ONLY donate the following organs and tissues (donor 2):

Organs: Lungs Heart Liver Kidneys Pancreas Small Bowel

Tissues: Skin Vein Eyes Bone & Related Structures Heart Valves/Pericardium

No, I don't want to be a donor (opt out)

Learn more about your organ and tissue donation choices and Nova Scotia's organ and tissue donation legislation at <https://novascotia.ca/organ-and-tissue-donation>. Learn about organ and tissue donation at www.nshealth.ca/legacy-life, or by calling (toll-free in Canada) 1-844-411-5433 for information on organ donation and 1-800-314-6515 for information on tissue donation.

Section B7 – Signature

I certify that I am a resident of Nova Scotia and that I live at the same Civic address as the Applicant (Section A) and that the information provided above is correct. A resident is a person who makes their home and is ordinarily present in Nova Scotia – not a visitor, tourist, or transient. I authorize any health service provider paid by Medical Services Insurance (MSI) to release any information requested by MSI for claims payment and audit.

Spouse/Common-law _____

Date _____

Signature is required to complete this form.

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.

Registration for Health Services Form – Section C
Dependants Under 19 Years of Age

Follow the instructions provided to complete this form. To complete the application for a dependant, Section C must be submitted with Section A. Incomplete forms may delay registration with MSI.

Select the number of dependant children you are registering to add the necessary pages to this form.

Document Checklist

Ensure you attach **one acceptable document** with your application for each dependant:

Proof of Canadian citizenship or legal entitlement to remain in Canada

Section C0 – Assignment of Primary Contact for Dependants (Required for registration of a Dependant)

Select one person to be the primary contact for your dependants.

Applicant Spouse/Common-law partner

This person must sign section C6 for each Dependant. In general, notices sent by mail will be addressed to the primary contact.

This decision is applicable to all of the registered dependants in your household.

If you and your Spouse/Common-law partner do not select Yes in Sections A5 and B5, only the primary contact indicated above is authorized to update the family address and personal information for Dependants.

Learn more about the primary contact for your dependants at <https://novascotia.ca/dhw-med-03>.

Section C1 – Dependant 1 Personal Information

Last Name		First Name		Middle Name	
Female	Male	Date of Birth		Day	Month Year
Do you want this identifier displayed on their Health Card?		No	Yes		

Section C2 – Dependant 1 Health Card History

Have they ever had a Nova Scotia Health Card? No Yes

If Yes:

Previous Health Card Number (if known): _____

Name (if different): _____

Date they left Nova Scotia (if known): _____

Section C3 – Dependant 1 Residency

Date of arrival in Nova Scotia: Day ____ Month ____ Year ____

Where did they arrive from? (Country/Province/Territory): _____

If coming from another Canadian Province/Territory, provide previous Health Card Number (if known): _____

Do they intend to reside in Nova Scotia permanently? No Yes

If Yes: Date became permanent resident (if different from arrival): _____

If No: Explain reason and duration of intended stay: _____

Section C4 – Dependent 1 Organ & Tissue Donation (Optional)

It is your choice. You can indicate a donation decision for your Dependant below or choose not to register one. You can change a previous decision at any time.

Do you want to register a donation decision now?

Please select your choice:

Yes, I want to be a donor and donate all organs and tissues (donor 1)

Yes, I want to be a donor and ONLY donate the following organs and tissues (donor 2):

Organs: Lungs Heart Liver Kidneys Pancreas Small Bowel

Tissues: Skin Vein Eyes Bone & Related Structures Heart Valves/Pericardium

No, I don't want to be a donor (opt out)

Learn more about your organ and tissue donation choices and Nova Scotia's organ and tissue donation legislation at <https://novascotia.ca/organ-and-tissue-donation>. Learn about organ and tissue donation at www.nshealth.ca/legacy-life, or by calling (toll-free in Canada) 1-844-411-5433 for information on organ donation and 1-800-314-6515 for information on tissue donation.

Section C5 – Signature of Primary Contact for Dependant

I certify that I, and any Dependants listed on this form for whom I am the primary contact, are residents of Nova Scotia and that we live at the same Civic address as the Applicant (Section A) and that the information provided above is correct. A resident is a person who makes their home and is ordinarily present in Nova Scotia – not a visitor, tourist, or transient. I authorize any health service provider paid by Medical Services Insurance (MSI) to release any information requested by MSI for claims payment and audit.

Dependant Primary Contact _____ Date _____

Signature is required to complete this form.

Registration for Health Services Form – Section D
Declaration for Study and Work Permit Holders

Follow the instructions provided to complete this form.
This form is required for study and work permit holders and must be submitted with Section A

Section D1 – Eligibility

Students

Students may register for MSI up to 90 days before they become eligible. Students may be eligible on the first day of the thirteenth month after the date they became a Resident in Nova Scotia, provided they hold a valid Study Permit and have not been absent from Nova Scotia for more than 183 days during that period (except as allowed by MSI during their studies). The Study Permit must be valid for a minimum of 12 months.

Workers

Workers may register for MSI on the date they became a Resident in Nova Scotia, provided they hold a Work Permit, or Employment Contract with a Nova Scotia employer, that is valid for a minimum of 12 months.

Definition

Permit – refers to a valid work or study permit

Section D2 – Signature

Declaration Terms

1. Coverage is effective until the expiry date on the permit or Health Card, whichever occurs first. At the expiry of each permit, a copy of the renewed document must be presented. To maintain coverage, the permit holder must not be absent from Nova Scotia for more than 183 days in any calendar year (except as allowed by MSI during their studies or employment).
2. The Spouse/Common-law Partner and Dependants of permit and contract holders will be granted coverage on the same basis once the permit holder gains entitlement. To maintain coverage, they must not be absent from Nova Scotia for more than 183 days in any calendar year and must possess a document that legally entitles them to remain in Canada.
3. Once coverage is terminated, the permit holder, their Spouse/Common-law Partner, and Dependants are considered to have never qualified for health services and must comply with the eligibility terms before coverage is reinstated.
4. Documents must run concurrently to ensure continuous coverage.

I certify that I have read, understand and meet the above conditions

Applicant _____

Signature is required to complete this form.

Date _____

Registration for Health Services Form – Section E Provincial Medical Research

To complete Provincial Medical Research Consent, Section E must be submitted with Section A, and Section B (if applicable). Incomplete forms may delay registration of consent.

Section E1 - Applicant Provincial Medical Research Consent (Optional)

Advancements in healthcare cannot happen without research. Research cannot happen without you! Participation in medical research (such as clinical trials) helps inform medical knowledge, develop new treatments, and improve patient care and may also provide individuals with access to new treatment options. We invite Nova Scotians to consider completing this form to signal your interest in participating in research that will help shape the future of health care.

Protecting your privacy is our priority. Nova Scotia Health and IWK Health will only use and disclose your personal information and personal health information in accordance with applicable privacy laws. All staff involved in research have professional and legal responsibilities to maintain the confidentiality of all health information and are only permitted to access the minimum amount of information required. If you consent, your health information and/or samples may be shared with other parties who are involved in the research and may be accessed or stored outside of Canada. As with all research, there is a chance that confidentiality of your health information could be compromised; however, we are taking precautions to minimize this risk.

We are asking for your consent to participate in medical research. Participation is entirely voluntary. If you choose not to participate, your care will not be affected in any way. You have four consent options to consider. You can choose all, none, or any option. Once you complete this form, your preferences will be saved. If you choose not to update them in the future, your previous preferences will continue to apply. You can change your consent to participate at any point by contacting MSI at 902-496-7008 or 1-800-563-8880 (toll-free in Canada) or by changing your consent options within MSI Online. For further information on this consent form and to learn more about how we protect your privacy and medical research in Nova Scotia, please visit www.novastudiesconnect.ca.

If you consent to participate, you will be contacted, by staff of Nova Scotia Health or the IWK Health Centre when required, by phone or mail using the information on file with MSI. If you would also like the option of being contacted by email, please provide it in the space below.

Email Address:

For each option, please select your choice:

Consent Option 1

I agree to let Nova Scotia Health and/or IWK Health use my health information to see if I am a match for medical research (such as clinical trials), and to contact me to discuss participation in studies for which I am eligible. I understand that my consent applies only to research that is approved by Nova Scotia Health and/or IWK Health, including the Research Ethics Board(s).

Yes, I consent.

No, I do not consent.

Consent Option 2

I agree that biological samples (such as tissue and blood) and health information collected during my routine medical care may be securely stored and used by Nova Scotia Health and/or IWK Health for use in medical research. I understand that my consent applies only to research that is approved by Nova Scotia Health and/or IWK Health, including the Research Ethics Board(s).

I understand that I will be contacted to provide consent before my biological samples and information are sent outside of Nova Scotia Health and/or IWK Health, and that I will be contacted to be asked for consent if genetic analysis which may identify me will be done as part of the research.

Yes, I consent.

No, I do not consent.

Consent Option 3

I agree to let Nova Scotia Health and/or IWK Health use and disclose my health information for research purposes, including research to help improve care, develop new tests and treatments, and support better health outcomes. I understand that I will not be contacted to provide further consent for use of my health information for research purposes, and that this only applies to research that is approved by Nova Scotia Health and/or IWK Health, including the Research Ethics Board(s).

Yes, I consent.

No, I do not consent.

Consent Option 4

I agree that my health information and/or biological samples may be disclosed to and used by external organizations (including industry partners who develop new drugs, devices, or technologies). I understand that any benefit, including financial compensation, will be directed to the Nova Scotia government, Nova Scotia Health, and/or IWK Health, and not myself.

Yes, I consent.

No, I do not consent.

Learn more about your Medical Research Consent and how Nova Scotia Health and IWK Health protects your privacy and medical research in Nova Scotia, please visit www.novastudiesconnect.ca.

Section E2 – Signature

Please sign below confirming that you have read the information in this form and completed your responses.

Applicant _____

Date _____

Signature is required to complete this form.

Section E3 – Spouse/Common-law Partner Provincial Medical Research Consent (Optional)

Advancements in healthcare cannot happen without research. Research cannot happen without you! Participation in medical research (such as clinical trials) helps inform medical knowledge, develop new treatments, and improve patient care and may also provide individuals with access to new treatment options. We invite Nova Scotians to consider completing this form to signal your interest in participating in research that will help shape the future of health care.

Protecting your privacy is our priority. Nova Scotia Health and IWK Health will only use and disclose your personal information and personal health information in accordance with applicable privacy laws. All staff involved in research have professional and legal responsibilities to maintain the confidentiality of all health information and are only permitted to access the minimum amount of information required. If you consent, your health information and/or samples may be shared with other parties who are involved in the research and may be accessed or stored outside of Canada. As with all research, there is a chance that confidentiality of your health information could be compromised; however, we are taking precautions to minimize this risk.

We are asking for your consent to participate in medical research. Participation is entirely voluntary. If you choose not to participate, your care will not be affected in any way. You have four consent options to consider. You can choose all, none, or any option. Once you complete this form, your preferences will be saved. If you choose not to update them in the future, your previous preferences will continue to apply. You can change your consent to participate at any point by contacting MSI at 902-496-7008 or 1-800-563-8880 (toll-free in Canada) or by changing your consent options within MSI Online. For further information on this consent form and to learn more about how we protect your privacy and medical research in Nova Scotia, please visit www.novastudiesconnect.ca.

If you consent to participate, you will be contacted, by staff of Nova Scotia Health or the IWK Health Centre when required, by phone or mail using the information on file with MSI. If you would also like the option of being contacted by email, please provide it in the space below.

Email Address: _____

For each option, please select your choice:

Consent Option 1

I agree to let Nova Scotia Health and/or IWK Health use my health information to see if I am a match for medical research (such as clinical trials), and to contact me to discuss participation in studies for which I am eligible. I understand that my consent applies only to research that is approved by Nova Scotia Health and/or IWK Health, including the Research Ethics Board(s).

Yes, I consent. No, I do not consent.

Consent Option 2

I agree that biological samples (such as tissue and blood) and health information collected during my routine medical care may be securely stored and used by Nova Scotia Health and/or IWK Health for use in medical research. I understand that my consent applies only to research that is approved by Nova Scotia Health and/or IWK Health, including the Research Ethics Board(s).

I understand that I will be contacted to provide consent before my biological samples and information are sent outside of Nova Scotia Health and/or IWK Health, and that I will be contacted to be asked for consent if genetic analysis which may identify me will be done as part of the research.

Yes, I consent. No, I do not consent.

Consent Option 3

I agree to let Nova Scotia Health and/or IWK Health use and disclose my health information for research purposes, including research to help improve care, develop new tests and treatments, and support better health outcomes. I understand that I will not be contacted to provide further consent for use of my health information for research purposes, and that this only applies to research that is approved by Nova Scotia Health and/or IWK Health, including the Research Ethics Board(s).

Yes, I consent. No, I do not consent.

Consent Option 4

I agree that my health information and/or biological samples may be disclosed to and used by external organizations (including industry partners who develop new drugs, devices, or technologies). I understand that any benefit, including financial compensation, will be directed to the Nova Scotia government, Nova Scotia Health, and/or IWK Health, and not myself.

Yes, I consent. No, I do not consent.

Learn more about your Medical Research Consent and how Nova Scotia Health and IWK Health protects your privacy and medical research in Nova Scotia, please visit www.novastudiesconnect.ca.

Section E4 – Signature

Please sign below confirming that you have read the information in this form and completed your responses.

Spouse/Common-law _____ Date _____
Signature is required to complete this form.

Submit your form

<p>Online: https://novascotia.ca/dhw-hs-01</p>	<p>By mail: MSI Resident Services PO Box 500 Halifax NS B3J 2S1</p>	<p>By fax: 902-481-3160</p>
--	---	---------------------------------

For questions, please call 902-496-7008 or 1-800-563-8880 (toll-free in Canada)

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.