Non-Eligibility for BC Fair Pharmacare



Group	p #: Certif	icate #:
	· · ·	(your student ID without letter or leading zeros)
l am a	an Out-of-Province Student or Ir	nternational Students
Provin	ince or country of origin:	
permar		teria for enrollment in the BC Fair Pharmacare program, as I am not a mbia. I am currently residing in British Columbia solely for the purpose
Based (d on my current student status, I request the a	activation of my drug benefits card.
l certify	ify that the information provided is true, corre	ect and complete.
Submi	nission Instructions	
•		sign the form—electronic signatures are accepted.
•	Save the Form Download and save the completed doo	cument to your computer or mobile device.
•	Access the Benefits Management Platf	orm using your browser or mobile app. If you haven't os://students.onlineclaimsaccess.net/en/register
•	Upload the Document Click on the profile icon.Select "Supporting Documents"Complete the online form and a	' from the dropdown menu. attach the saved document.
•	Activation Timeline Your drug benefits card will be activate	ed within 48 hours of submission.
Plan Member Signature		Date (DD/MMM/YYYY)

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