



Legislation approving the Ontario Medical Services Insurance Plan—OMSIP for short—was passed in the Ontario Legislature on Feb. 18th of this year. Coverage commenced April 1st for social assistance recipients. Coverage will begin July 1st for those who have already enrolled, or who enroll now before May 16th.

OMSIP PROVIDES COVERAGE REGARDLESS OF AGE, INCOME OR HEALTH

OMSIP has been established to provide adequate insurance coverage for the payment of doctors' bills, and to make this coverage available to all Ontario residents regardless of their age, income or state of health.

Enrollment in OMSIP is voluntary.

The Plan is intended for individuals and their families and does not provide group coverage. (Group coverage is where a number of individuals collectively purchase insurance through their place of employment, union, etc.)

Everyone who has lived in Ontario for the past 3 months is eligible to join, except those who are entitled to physicians' services under another Act.

Members are free to choose their own doctor. If a member travels outside the Province, and requires care, OMSIP will still pay the doctors' bills up to OMSIP established rates.

People who find they cannot continue to pay for all or part of their OMSIP contract because of unemployment, illness or disability, may apply for temporary assistance in paying their fees.

Since the aim of OMSIP legislation is to provide adequate medical insurance for Ontario residents, full or partial premium assistance is available for those who require it.

Automatic fully-paid coverage

Many residents and their dependants have automatically received fully paid coverage under OMSIP. These are people who are already receiving benefits under the following Acts:

- The Blind Persons' Allowances Act

- The Disabled Persons' Allowances Act
- The General Welfare Assistance Act
- The Mothers' Allowances Act
- The Old Age Assistance Act
- The Rehabilitation Services Act

Automatic fully-paid coverage is also provided for old age security pensioners and their dependants declared eligible for coverage by the Ontario Department of Public Welfare.

Fully-paid coverage on application

People resident in Ontario for the past 12 months and who had no taxable income in 1965 get full assistance.

This means if these people make out their application form now, before May 16th, they will get OMSIP protection, fully paid for by the government, starting this July 1st.

In addition, many who have been resident in Ontario for the past 12 months will be eligible for partial assistance, depending on their taxable income and number of dependants. (See below).

DO YOU QUALIFY FOR PARTIAL ASSISTANCE?



Yes, if you are a single person and your taxable income in 1965 was \$500 or less.

Complete cost	\$60.00
Government pays	30.00
You pay	30.00
	(\$7.50 every 3 months)



Yes, if you have one dependant, and if together your total taxable income in 1965 was \$1,000 or less.

Complete cost	\$120.00
Government pays	60.00
You pay	60.00
	(\$15.00 every 3 months)



Yes, if you have a family of 3 or more, and if your family's total taxable income in 1965 was \$1,300 or less.

Complete cost	\$150.00
Government pays	90.00
You pay	60.00
	(\$15.00 every 3 months)

What is taxable income?

Taxable income is the amount of your income upon which you pay tax after exemptions for dependants and other allowances have been deducted.

HERE'S YOUR APPLICATION FORM—Please use BALL POINT PEN. Cut out form carefully. Mail today!

INSTRUCTIONS

1. If you have a Social Insurance Number write it in the squares provided starting with the first number in the first square. If you do not have a number, place a mark in the square marked NO.
2. Print your last or Family Name in the box. (Example: Smith, Jones, Brown, etc.)
3. Print your first and second Given Names in the boxes. (Example: John, Harry, Mary, etc.). If you have a nickname or are commonly known by another name for mailing purposes, please indicate in the box marked OTHER.
4. Print your address in the first box; your City, Town, Village or Post Office in the next box; and your County or District in the last box.
5. Write the number of the day on which you were born in the box marked DAY. Print the name of the month (or its abbreviation) in the box marked MONTH. Write the number of the year in the box marked YEAR (Example: 9 Feb. 1927).
6. Men should place a mark in the box marked MALE. Women should place a mark in the box marked FEMALE.
7. If you are single place a mark in the box marked SINGLE. If you are married place a mark in the box marked MARRIED. If your status is other than single or married (Example: separated, divorced or widowed) write your status on the line marked OTHER.
8. Write your occupation and the kind of business or industry in which you work (Example: Carpenter—Building Trade; Farmer—Agriculture; Salesman—Bakery).

9. Print the first names of your wife or husband (spouse) in the first box. Then print the first names of all your eligible dependant children, starting with the oldest, in the following boxes. If you have more than five eligible dependant children continue your list in the section on this side of the form. If you have more than 10 eligible dependant children, list them separately and return with your application form. Under BIRTH DATE, write the number of the day of birth, print the month and write the number of the year of birth. (Example: 18 Sept. 1954). Under SEX, write M if the child is male, F if the child is female.
10. Sign your name on the line marked SIGNATURE OF APPLICANT and write in the date and year.
11. IF YOU ARE APPLYING FOR PREMIUM ASSISTANCE Read this section very carefully and complete either the section marked 'A' or the one marked 'B' (not both).
12. Remember, if you receive benefits under any of the Acts listed under #5(1) in the folder entitled "OMSIP...WHAT IT MEANS AND WHAT IT CAN DO FOR YOU", you should not complete an application form. You will be provided automatically with fully paid coverage.

ADDITIONAL DEPENDANTS	Birth Date			Sex M or F
	Day	Month	Year	

FOR ADDITIONAL CHILDREN ATTACH A SEPARATE SHEET

PARTIALLY ASSISTED PREMIUMS

Cost for those eligible for premium assistance	Complete Cost	Government Pays	You Pay
(a) The single person (covering only the member) with a taxable income in 1965 of \$500 or less	\$ 60.00	\$30.00	\$30.00 (\$7.50 every 3 months)
(b) The family of two (covering the head of the family and one eligible dependant) with a total taxable income in 1965 of \$1,000 or less	\$120.00	\$60.00	\$60.00 (\$15.00 every 3 months)
(c) The family of three or more (covering the head of the family and all eligible dependants) with a total taxable income in 1965 of \$1,300 or less	\$150.00	\$90.00	\$60.00 (\$15.00 every 3 months)

FULL PREMIUMS

Cost for those not eligible for premium assistance	COST
(a) The single person (covering only the member)	\$60.00 a year (\$15.00 every 3 months)
(b) The family of two (covering the head of the family and one eligible dependant)	\$120.00 a year (\$30.00 every 3 months)
(c) The family of three or more (covering the head of the family and all eligible dependants)	\$150.00 a year (\$37.50 every 3 months)

SEND YOUR COMPLETED APPLICATION FORM TO:
OMSIP, P.O. Box 1700, Terminal A, Toronto, Ontario.



ONTARIO MEDICAL SERVICES INSURANCE PLAN APPLICATION FORM

PLEASE READ INSTRUCTIONS ABOVE BEFORE COMPLETING

1. Do you have a Social Insurance Number? <input type="checkbox"/> If yes, insert <input type="checkbox"/>	Social Insurance Number	For office use only
2. Your Name Please print	Last or Family Name	3. Given Names (First) (Second) Other
4. Your Address Please print	RR # or P.O. Box or Street & Number	City or Town or Village or Post Office County or District
5. Birth Date Day Month Year	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married Other (specify)
8. Occupation & Nature of Business or Industry		
9. LIST DEPENDANTS Spouse and/or children (children must be under 21 and unmarried). Other dependants and fully employed children must apply for separate coverage.		
Given Names Only		Birth Date Day Month Year
Sex M or F		Sex M or F
Spouse		3rd child
1st child (oldest eligible)		4th child
2nd child		5th child
10. In applying for coverage under The Ontario Medical Services Insurance Act, 1965, I confirm that I have lived in Ontario for the past 90 days, I am not covered for total medical care by government and that the information given by me is correct.		
List additional dependant children in space provided above.		
For office use only		
Signature of Applicant	Date	19

APPLICATION FOR PREMIUM ASSISTANCE

11. I have lived in Ontario for the past 12 months. I am not covered for total medical care by government. I agree to allow the Medical Services Insurance Division to verify all statements made by me on this application.

(SIGN A OR B ONLY)
A. NO TAXABLE INCOME
I hereby apply for full premium assistance
I and my eligible dependants had no taxable income for the 12 months ended December 31st last. I state that the information given by me is correct.

Signature of Applicant
Date 19

B. TAXABLE INCOME OF \$1,300.00 OR LESS
I hereby apply for partial premium assistance
My taxable income and the taxable income of my eligible dependants was in total \$ for the 12 months ended December 31st last. I state that the information given by me is correct.

Signature of Applicant
Date 19