



**MIDWIVES ASSOCIATION
of BRITISH COLUMBIA**

**CONSENT TO MEDICAL SERVICES PLAN OF BC (MSP) TO DEDUCT THE UNIVERSAL DUES OF 2.9%
FROM MSP BILLINGS AND DEPOSIT INTO A DESIGNATED ACCOUNT WITH THE MIDWIVES
ASSOCIATION OF BRITISH COLUMBIA (MABC).**

In order for the MABC to receive your membership dues we ask that you complete this form. Please note that the MABC office will fill in your MSP number(s) once you begin billing MSP.

MABC Membership Dues: The following consent gives permission to the MSP to deduct the Universal Dues of 2.9% at source and to deposit this fee directly into a designated MABC account.

I, _____, being a currently registered midwife with the MABC, hereby give permission to the MSP to deduct the **Universal Dues of 2.9%** directly from my gross earnings with each billing payment.

Practitioner Number (MSP billing number): _ _ _ _ _

Payee #: i) _____ ii) _____

*** You may include your own payee number (i.e. billing number as above), or another midwife's or group payee number to which you are assigning payment.**

If at any time you will be assigning payment to another number (including a group payee number), it is necessary to contact the MABC office for another consent form.

Signature

Full Name

Date (mm/dd/yy)