

Race-Based and Linguistic Identity Data Collection Form

Visit <https://novascotia.ca/apps/rbli/> to complete and submit your information online,
or complete and mail/fax the form below to MSI.

RESIDENT INFORMATION

Last Name	First Name	Middle Name	Date of Birth
			Day Month Year

Health Card Number: _____ Date: _____

It is your choice to share race or linguistic identify information and you may contact MSI to change your information at any time. To learn more, visit: <https://novascotia.ca/FairCare>. Call MSI if you need assistance at 902-496-7008 or 1-800-563-8880 toll free in Canada.

RACE: Which category describes you? Select all that apply.

Race categories	Examples
Indigenous	First Nations, Inuk/Inuit, Métis Mi'kmaq not included due to the existence of the Mi'kmaq Client Linkage Registry
African Nova Scotian	African descent with a Nova Scotian heritage
African Descent	African Canadian, African American, Caribbean/Afro-Caribbean, other African descent
Latin American	Mexican, Central American, South American, and Caribbean descent
Middle Eastern	Egyptian, Iranian, Lebanese, Turkish, Kurdish, other Middle Eastern descent
☐ East Asian	Chinese, Korean, Japanese, Taiwanese, other East Asian descent
Southeast Asian	Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent
South Asian	Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, other South Asian descent
European Descent	British, French, Scottish, Irish, German, other European descent
Another race category	Includes categories not described above
Prefer not to answer	

LINGUISTIC IDENTITY: Which identity or first language best describes you? Select all that apply.

Linguistic identity is not necessarily your preferred language, but the language you identify with as part of your culture and heritage, for example, French spoken in Acadian communities.

☐ English
 ☐ French
 ☐ Another First Language
 ☐ Prefer not to answer

SUBMIT YOUR FORM

Online: Visit https://novascotia.ca/apps/rbli/ to submit your Race Based and Linguistic Identity Data online.	By mail: MSI Resident Services PO Box 500 Halifax NS B3J 2S1	By fax: MSI Resident Services 902-481-3160
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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* to administer Nova Scotia's health insurance programs.