

Fair PharmaCare Plan - Registration Form

Please read reverse side before completing. **All sections of this form must be completed.**

**Note: Mail registration is the slowest way to register – estimated time is 6-8 weeks.
If you require PharmaCare financial assistance urgently, call 1-800-387-4977 or visit
www.healthservices.gov.bc.ca/pharme/ to register.**

REGISTRANT (please print)			
YOUR NAME AS IT APPEARS ON YOUR INCOME TAX RETURN SURNAME		GIVEN NAME	
ADDRESS			
CITY	PROV BC	POSTAL CODE	
PERSONAL HEALTH NUMBER (CARECARD)	DATE OF BIRTH (YYYY / MM / DD)		
TAX YEAR	NET INCOME*	See reverse for relevant year	
		.00	

SPOUSE			
YOUR SPOUSE'S NAME AS IT APPEARS ON THEIR INCOME TAX RETURN SURNAME		GIVEN NAME	
PERSONAL HEALTH NUMBER (CARECARD)		DATE OF BIRTH (YYYY / MM / DD)	
TAX YEAR	NET INCOME*	See reverse for relevant year	
		.00	

* If you have no income to report, please enter zero.

Yes, I meet the requirements for registration (see reverse)

Yes, spouse meets the requirements for registration (see reverse)

No, spouse does not meet requirements 1 and/or 2 (see reverse)

DEPENDENT CHILDREN				
	PERSONAL HEALTH NUMBER (CARECARD)	SURNAME	GIVEN NAME	DATE OF BIRTH (YYYY / MM / DD)
1				
2				
3				
4				

If you have more than 4 dependent children, please check this box and attach a separate sheet giving information for additional children.

DECLARATION AND CONSENT

IMPORTANT: Both you and, if applicable, your spouse, must sign in the space provided below. If someone has a Power of Attorney or another legal representation agreement and is signing on your behalf, please include a copy of the agreement. Copies of such agreements may be forwarded to the Canada Customs and Revenue Agency (CCRA) on its request. Please do not make changes to the wording below as the CCRA will consider the form invalid if it is altered in any way.

DECLARATION AND CONSENT

I hereby consent to the release by the Canada Customs and Revenue Agency to the Minister of Health Services, or his or her delegate, of information from my income tax return and, if applicable, other required taxpayer information. The information will be relevant to and used solely for the purpose of determining, verifying, and administering my level of benefit in the Fair PharmaCare Program under the *Continuing Care Act* of British Columbia. Provincially, the information will be protected in accordance with the *Freedom of Information and Protection of Privacy Act* of British Columbia and will not be disclosed without my consent to any persons.

This authorization is valid for the two taxation years prior to the year of signature, the current taxation year, and each subsequent consecutive taxation year for which assistance is requested by me. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Manager, PharmaCare Operations, Ministry of Health Services at PO Box 9655 Stn Prov Govt, Victoria, BC V8W 9P2.

I declare the information I have provided to be true and complete.

Signature of registrant

Social Insurance Number

Signature of spouse

Social Insurance Number

Date signed

() _____
Daytime telephone no.

Important Information

Registration Requirements

You must:

1. have been a resident of British Columbia for at least three months, and
2. be registered with the Medical Services Plan (MSP) of British Columbia, and
3. have filed an income tax return with the Canada Customs and Revenue Agency (CCRA) for the relevant taxation year.

If you have a spouse and/or dependent children (refer to the definitions below) you must register as a family. If your spouse does not meet the requirements, you must still include your spouse's income when registering.

New residents of the province — apply for MSP as soon as possible after your arrival in the province. Your MSP registration will then be in place when the three-month residency period has been met. Register for Fair PharmaCare as soon as you receive your MSP CareCard.

If only one spouse meets requirements 1 and 2, but both spouses filed an income tax return for the relevant year — the spouse meeting the requirements may register the family for Fair PharmaCare. Include the net income of both spouses. All members of the family are eligible for Fair PharmaCare except the non-resident spouse. If the non-resident spouse later registers with MSP, please inform PharmaCare.

If you and/or your spouse did not file an income tax return for the relevant year — do so as soon as possible. When you have submitted your tax return(s) to the CCRA, register your family for Fair PharmaCare. We will confirm your family's level of assistance when we have verified your net income with the CCRA.

If you cannot file an income tax return for the relevant year because you are a new resident of Canada, or to obtain other Fair PharmaCare information, please contact the Registration Desk at 1-800-387-4977.

What is the Definition of “Spouse”?

For PharmaCare purposes, a spouse is: a person who is either married to or living and cohabitating in a marriage-like relationship with the registrant, and may be of the same gender as the applicant.

Who is Considered a Dependent Child?

For PharmaCare purposes, a dependent child is:

- a resident who is the legal ward or child of the registrant or spouse, and
- is supported by the registrant or spouse, and
- is neither married nor living and cohabitating in a marriage-like relationship, and
- is either age 18 or younger, or age 19 to 24 and attending school or university full-time, and
- is included in your (or your spouse's) Medical Services Plan coverage, and
- is not currently registered with PharmaCare as a member of another family.

Completing the Form

Please complete all sections of the form including the Declaration and Consent. Incomplete forms cannot be processed and will be returned.

Net Income: Provide the net income shown on Line 236 of your CCRA Notice of Assessment or income tax return for the applicable tax year.

Tax Year: If you are registering for PharmaCare coverage for 2003, provide the net income from your Notice of Assessment for the 2001 tax year; for 2004, provide the net income from your Notice of Assessment for the 2002 tax year, and so on.

Note: Because the deadline for filing an income tax return is April 30 of the following tax year and because CCRA requires processing time, PharmaCare is unable to use more recent tax return information when calculating your Fair PharmaCare assistance.

Declaration and Consent: The Declaration and Consent must be signed by you (the registrant) and, if applicable, your spouse. The consent allows PharmaCare to request your income information directly from the CCRA for use in calculating your level of coverage. Please do not change the wording as the CCRA will consider the form invalid if it is altered in any way. Without this consent, PharmaCare will be unable to determine the appropriate level of financial assistance for your family and the deductible for each member of your family will be set at the highest amount.

Your signed Consent Form authorizes PharmaCare to collect and use the following items from your tax return to determine your level of financial assistance under Fair PharmaCare: Net Income (Line 236), Married Amount (Line 303) and GST/HST Credit Application (Line 5105).

Personal information is collected, used, disclosed and provided security in accordance with the British Columbia *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact the Manager, PharmaCare Operations, Ministry of Health Services at PO Box 9655 Stn Prov Govt, Victoria, BC V8W 9P2 or call 1-800-387-4977.

Mail your completed form to: PO Box 9659 Stn Prov Govt
Victoria BC V8W 9P1