

Fair PharmaCare Program – Registration Form

If you require PharmaCare financial assistance urgently, call 1-800-387-4977 or visit www.gov.bc.ca to register. See reverse side if you have any questions about this registration form.

All sections on this form must be completed.

Note: Mail registration is the slowest way to register – estimated time is 6-8 weeks.

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

SPOUSE (Please Print)			
YOUR NAME AS IT APPEARS ON YOUR INCOME TAX RETURN			
SURNAME		GIVEN NAME	
Personal Health Number (CareCard)			
Date of Birth (YYYY / MM / DD)			
Tax Year	Net Income*	.00	See reverse for relevant year

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

- Yes, I meet the requirements for registration (see reverse: "Who Can Register?")
- No (see reverse)

- Yes, my spouse meets the requirements for registration (see reverse)
- No (see reverse)

DEPENDENT CHILDREN							
	Personal Health Number (CareCard)			Date of Birth (YYYY / MM / DD)			
1							3
2							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 9P1.

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

Signature of registrant

Signature of spouse

Date Signed

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Social Insurance Number

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Social Insurance Number

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Daytime telephone no.



BCPharmaCare



BCHealthCare

Important Information

Who Can Register?

If you don't meet these requirements call 1-800-387-4977.

Persons who:

- have been a resident of British Columbia for at least three months, and
- are registered with the Medical Services Plan of British Columbia, and
- meet the Canadian residency requirement (person has resided in Canada and has been a Canadian citizen or holder of permanent resident status for the last 12 months), and
- filed an income tax return 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.

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 registrant.

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 cohabiting 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.

Address: Your current mailing address.

Net Income: Provide the net income shown on Line 236 of your Canada Customs and Revenue Agency (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.

Important: If either you or your spouse *did not file an income tax return* for the applicable year, you will need to do so before registering for Fair PharmaCare. If you have only recently met the Canadian residency requirement, a more recent tax return may be accepted. If this applies to you and you have questions, please call 1-800-387-4977.

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 Canada Customs and Revenue Agency (CCRA) for use in calculating your level of coverage. Please do not change the wording of the Declaration and Consent 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.

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 9P1 or call 1-800-387-4977.

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

Or Fax to: 1-250-952-1461