Pharmacare Application and Consent Authorization

Provincial Drug Programs
300 Carlton Street
Winnipeg, Manitoba R3B 3M9

Please Print – One application per family unit | **Application Deadline – March 31 of Benefit Year**

Applicant's Surname **Given Name**	**Current Marital Status:**	**Spouse's Surname** **Given Name**
Manitoba Health Registration Number	☐ Married ☐ Common Law ☐ Widowed ☐ Divorced ☐ Separated ☐ Single	**Manitoba Health Registration Number**
Personal Health Identification Number (PHIN)		**Personal Health Identification Number (PHIN)**
Social Insurance Number (SIN)		**Social Insurance Number (SIN)**
Current Address	**City/ Town**	
Telephone Number	**Postal Code**	

Note: This information is collected under the authority of section 13 (1) of The Personal Health Information Act and will be used for the purpose of determining Pharmacare benefit eligibility.
Eligible prescription purchases are applied to the annual deductible for each benefit year from April 1 to March 31.

Is the Power of Attorney signing on behalf of the applicant and/or spouse? (If Yes, copies of Power of Attorney documents must be attached) Yes ☐ No ☐

If applicable, does the Applicant or Spouse reside in a Personal Care Home? Yes ☐ No ☐

Enrolment Options: Option A or Option B must be checked.

Option A ☐
One Time Program Enrolment

- ✓ One time application form completion.
- ✓ Deductible is automatically set on April 1 each benefit year.
- ✓ Automated application process.
- ✓ Deductible Confirmation letter will automatically be provided at beginning of each benefit year.
- ✓ Income tax information from two years prior to the beginning of the benefit year is supplied by Canada Revenue Agency.

Option B ☐
Annual Application

- ✓ Must apply annually within each benefit year, April 1 to March 31.
- ✓ Deductible is set only upon processing of application.
- ✓ Must provide satisfactory income information each year, e.g. Notice of Assessment from Canada Revenue Agency – Line 150, from two years prior to the beginning of the benefit year.

CONSENT

I hereby consent to the release, to the Manitoba Department of Health by the Canada Revenue Agency, of information from my income tax returns and other required taxpayer information and, if applicable, information from my spouse's income tax returns. This information will be relevant to and used solely for the purpose of determining and verifying eligibility for and for the general administration and enforcement of the Pharmacare program established under *The Prescription Drugs Cost Assistance Act* and regulations made thereunder, and will not be disclosed to any person without my approval.

This authorization is valid for the two previous taxation years, the current taxation year and for each subsequent consecutive taxation year during which my family unit seeks coverage under the Pharmacare program or someone seeks such coverage on behalf of my family unit. I understand that, if I wish to withdraw this authorization, I may do so at any time by writing to the Pharmacare program.

Signature of Applicant _____ **Date** _____

Signature of Spouse _____ **Date** _____

DECLARATION

I declare that all the information I have provided in this form is complete and where enrolment Option B is chosen, I have fully disclosed my total income from all sources. I also certify that the prescription drug costs for which I am or will be claiming benefits are not covered by another insurer or federal/provincial/municipal program. I understand that a false statement constitutes fraud and may result in recovery of any benefits paid by Manitoba Health.

Signature of Applicant _____ **Date** _____

Signature of Spouse _____ **Date** _____

The completed form can be forwarded to Manitoba Health, 300 Carlton Street, Winnipeg MB, R3B 3M9 or faxed to (204)786-6634. For additional information, please contact our office at (204) 786-7141, toll free 1-800-297-8099 or www.gov.mb.ca/health/pharmacare .

***Reminder:* For this application to be considered complete: Enrolment Option (A) or (B) *must* be selected and signatures are required in *both* the Consent & Declaration sections.**