



USE CAPITAL LETTERS ONLY

A B C D

Do you qualify for more Fair PharmaCare assistance for this year?

- Did you register for Fair PharmaCare and receive a Confirmation of Assistance letter?
• Is your net income for last year or this year at least 10% less than your income from two years ago?

If you answered "yes" to these questions, use this form to apply for additional Fair PharmaCare assistance for this year.

IMPORTANT: To request increased assistance for this year, submit your application and supporting documents no later than December 31. You cannot request more assistance for a previous year. Please read all information on both sides of this form before completing it. Mail the completed form to Health Insurance BC at the address below.

Are you aware that the Medical Services Plan (MSP) – which covers physician visits and hospital services, etc. – offers premium assistance to households with lower incomes? Use the eligibility calculator at www.gov.bc.ca/msp/eligibilitycalculator to find out if you may qualify.

1. TELL US WHO YOU ARE (enter your name as it appears on your income tax return)

Form fields for registrant: LAST NAME, FIRST NAME, PERSONAL HEALTH NUMBER (PHN), STREET ADDRESS AND CITY, POSTAL CODE

SPOUSE

Form fields for spouse: LAST NAME, FIRST NAME, PERSONAL HEALTH NUMBER (PHN)

2. CALCULATE YOUR NET INCOME FOR FAIR PHARMACARE (use worksheet on page 2)

Applying for a review using LAST YEAR'S income? Insert amount from worksheet

Box A input field with 00

OR

Applying for a review using THIS YEAR'S income? Insert amount from worksheet

Box B input field with 00

IMPORTANT You must submit the worksheet and supporting documents – for yourself, and your spouse or common-law partner (if you have one) – with your application. (Please see page 2 for documents that we can accept.)

3. SIGN AND DATE THE DECLARATION BELOW

I certify that the information given in this application form and any documentation attached to it is true, correct, and complete. I declare that my family's current net income is at least 10% lower than the net income used to calculate the Fair PharmaCare coverage I now have. I consent to allow the Canada Revenue Agency to release information from my income tax returns and, if applicable, other required taxpayer information, to the B.C. Ministry of Health and Health Insurance BC. The information provided will be used solely to determine, verify and administer my and/or my family's Fair PharmaCare Plan coverage under the British Columbia Pharmaceutical Services Act. I further agree that if the Canada Revenue Agency later confirms that my net income was higher than declared in this application, I will repay the Ministry of Health any assistance I received in excess of the assistance for which I was eligible.

Signature and date fields: SIGNATURE OF REGISTRANT, SIGNATURE OF SPOUSE, DATE SIGNED (MM / DD / YYYY)



# INCOME CALCULATION WORKSHEET

## 1. CALCULATE YOUR NET INCOME

If you are not sure which year's income to use, calculate your income from both last year and this year. Use the year with the lower income.

### ► BOX A (Last Year)

Use information from your tax return, or all T3, T4 and T5 slips, or Notice of Assessment (NoA) for LAST YEAR

- Enter your net income (Line 236 on your tax return or NoA).
  - Your net income \$ \_\_\_\_\_ A
  - Your spouse's net income + \$ \_\_\_\_\_ B
  - Total net income = \$ \_\_\_\_\_ C
- Calculate income received from Universal Child Care Benefit (UCCB) and Registered Disability Savings Plan (RDSP) payments.
  - Your and your spouse's UCCB (line 117) \$ \_\_\_\_\_ D
  - Your and your spouse's RDSP income (line 125) + \$ \_\_\_\_\_ E
  - Total RDSP income and UCCB = \$ \_\_\_\_\_ F
- Calculate your net income for Fair PharmaCare by subtracting Line F from Line C and **enter this amount in Box A on page 1.**

### ► BOX B (This Year)

Estimate gross income for the current calendar year.

**Note: Current year Income Reviews must be calculated on gross income.**

**New resident of Canada?** If you have not yet filed a tax return in Canada for a **full year** of income, you must submit an Affidavit. Call Health Insurance BC at the phone numbers shown on page 1 before completing this form.

Add up all amounts you and your spouse have received and expect to receive. (For example, income from job wages, Employment Insurance benefits, disability payments, pensions, retirement plans, self-employment, investments, etc.). This will be your gross income.

Do **not** include expected Universal Child Care Benefit payments or Registered Disability Savings Plan income.

- Your gross income \$ \_\_\_\_\_ A
  - Your spouse's gross income + \$ \_\_\_\_\_ B
  - Total gross income = \$ \_\_\_\_\_ C
- (Enter this amount in Box B on page 1)**

## 2. INCLUDE YOUR SUPPORTING DOCUMENTS

Please provide as much documentation as you have. **Send photocopies only. Do not send originals.** We will handle your documents in accordance with the provincial Freedom of Information and Protection of Privacy legislation.

### SUPPORTING DOCUMENTS FOR LAST YEAR'S NET INCOME

Photocopies of the following for you and your spouse:

#### Before June 30th:

- Canada Revenue Agency (CRA) Notice of Assessment **OR** all T3, T4 and T5 or other income information slips **AND**
- If applicable, T4A slip for RDSP income and/or RC62 slip for UCCB payments

## SUPPORTING DOCUMENTS CONTINUED

#### After June 30th:

- CRA Notice of Assessment **OR**, if you are claiming RDSP income or UCCB payments, your Income Tax Return Information Notice\*.
- \* The Income Tax Return Information – Regular Notice can be requested from the CRA

### SUPPORTING DOCUMENTS FOR THIS YEAR'S GROSS INCOME

All documents must have been issued in the current calendar year.

You **must** provide photocopies of the following for you and your spouse:

- For employment:** Letter from your employer (on letterhead) showing your expected income this year and your most recent pay-stub showing year-to-date income.  
**For self-employment:** A letter from your accountant and copies of your invoices to date.  
**For unemployment:** Record of Employment, final pay stub, and letter from Employment Insurance showing the EI coverage start date, end date and weekly benefit amount. These letters can be requested through Services Canada.  
**For pensions, workers' compensation or disability payments:** Letter from Canada Pension Plan, Old Age Security, Guaranteed Income Supplement showing your current monthly benefit amount. These letters can be requested through Services Canada.  
Letter from WorkSafeBC showing your current monthly benefit amount.  
Letter from disability insurance or pension provider showing your current monthly benefit amount.
- Documentation of all income from other sources**, including investments (such as interest and mutual fund payments); income from RRSPs, RIFs, LIFs, annuities, etc.; income earned outside of Canada; business income (rental, partnerships, etc.); support payments.

**Not sure which documents to include?** Contact Health Insurance BC (see contact information on page 1).

## 3. MAIL YOUR APPLICATION TO PHARMACARE

**Mail the completed and signed application form and the supporting documents to the address on page 1 of this form.**

**We will make every effort to process your application within one month of receipt.** We will send you a letter to let you know if you qualified for increased assistance. If your application is approved, your new level of assistance starts the day we approve it. At the end of the year, we will review your records to see if you should get a refund for benefit items you bought this year (you cannot be reimbursed for previous years). We will pay you whatever we owe you next spring.

**Verification of income.** When you file your tax return(s), Health Insurance BC will verify your family net income with the CRA. If the net income you reported to the CRA does not confirm the reduction in your family income, PharmaCare will recover any overpayment of financial assistance made to you.

**Questions about completing this form?** Contact Health Insurance BC (see contact information on page 1).