



Fair PharmaCare coverage is based on your net income from two years ago, as filed with the Canada Revenue Service (CRA). When you register, and every year following, PharmaCare checks your income with the CRA to set your deductible and family maximum for the year.

This affidavit is for B.C. residents who did not and could not file taxes with the CRA two years ago. This would be because you either:

- Did not live in Canada
- Were a child (under 18) without an income
- Were a full-time student (18-25 years old, at a recognized postsecondary institution, supported by parent(s) or guardian(s))
- Were a diplomat accredited to represent another country, or spouse of a diplomat
- Were a member of a religious order, who took a vow of poverty and whose remuneration was paid to the religious order directly, or by the registrant or their spouse, or
- Were permitted by the Minister of Health to submit an alternative proof of income

For this affidavit, you will provide your income for the calendar year (January to December) immediately before the current year (i.e. last year), whether you were working in or outside of Canada.

You – and your spouse, if applicable – must sign this affidavit in front of a notary public or a Commissioner for Taking Affidavits.

Commissioners for Taking Affidavits are available at Service BC offices. Service BC charges a small fee to witness the signing of an affidavit. To make an appointment with a Service BC Commissioner for Taking Affidavits:



Go to [www.gov.bc.ca/ServiceBC](http://www.gov.bc.ca/ServiceBC); or



Call [250-387-6121](tel:250-387-6121) (Victoria); [604-660-2421](tel:604-660-2421) (Vancouver);  
or [1-800-663-7867](tel:1-800-663-7867) (toll free, rest of B.C.); or [1-604-660-2421](tel:1-604-660-2421) (outside of Canada).

Do not use this affidavit if you could have filed your taxes two years ago. If that is the case, file your taxes and notify PharmaCare at 604-683-7151 (Lower Mainland) or 1-800-663-7100 (toll free, rest of B.C.) as soon as you can.

Your affidavit must be MAILED IN, NOT FAXED, as we require your original.  
Please mail your affidavit to: PO Box 9655 Stn Prov Govt, Victoria BC V8W 9P2



BRITISH  
COLUMBIA

Health  
InsuranceBC

# Fair PharmaCare Proof of Income Affidavit

Mail to: PO Box 9655 Stn Prov Govt, Victoria BC V8W 9P2  
Tel: (Vancouver) 604 683-7151, (Other Areas Within BC) 1 800 663-7100  
Web: [www.gov.bc.ca/pharmacare](http://www.gov.bc.ca/pharmacare)

Name of Registrant	If you are in the process of applying for MSP, leave blank.	Personal Health Number (PHN)
Name of Spouse (if applicable)		Personal Health Number (PHN)
Address		Daytime Telephone Number (include area code)

For the purpose of determining my eligibility for income-based coverage under the Fair PharmaCare Plan, I declare the following income for the calendar year immediately preceding the current year.

## INCOME (complete any lines that apply to you)

### Registrant

### Spouse (if applicable)

Employment		
Employment Insurance (EI) benefits		
Workers' compensation (i.e. workplace injury insurance)		
Disability payments		
Old Age Security (OAS)		
Canada/Quebec Pension Plan (CPP/QPP)		
Registered Retirement Income Fund (RRIF)		
Other pensions/superannuation		
Registered Retirement Savings Plan (RRSP)		
Social/income assistance		
Net federal supplements (box 21 or OAS T4A slip)		

## INCOME (after claiming expenses allowed by the Canada Revenue Agency)

Self-employment (specify):		
Rental		
Interest		
Investment		
Taxable capital gains		
Taxable Canadian corporation dividends		

## WORLD INCOME (if applicable)

Earnings outside of Canada		
----------------------------	--	--

## OTHER INCOME (if applicable)

Specify source(s):		
--------------------	--	--

**TOTAL**

--	--

I am a citizen of Canada or have been lawfully admitted to Canada for permanent or temporary residence, have been a resident of British Columbia for at least three months, and am enrolled or in the process of enrolling with the Medical Services Plan.

I understand that the information given on this affidavit and any documentation attached to it will be used to determine, verify and administer my and/or my family's Fair PharmaCare Plan coverage; and will be collected, used and disclosed in accordance with the *Pharmaceutical Services Act* and the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection of personal information on this form, contact the Health Insurance BC (HIBC) Chief Privacy Officer at PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3; or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll free).

\_\_\_\_\_  
Signature of registrant

\_\_\_\_\_  
Signature of spouse (if applicable)

**Sworn/affirmed before me at**

the \_\_\_\_\_ of \_\_\_\_\_  
in the province of British Columbia

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .

**COMMISSIONER FOR TAKING AFFIDAVITS**

(signature and stamp or seal required)



HLTH 5357 V2 REV. 2024/03/13