



USE CAPITAL LETTERS ONLY

A B C D

You can also fill out this application online: https://my.gov.bc.ca/fpincome

Your Fair PharmaCare deductible and family maximum for this year are normally calculated using your net income from two years ago. You can apply to have your coverage reviewed if your income has dropped by 10% or more in the past two years. It is possible that your deductible and family maximum will be lowered. Note: A "family" can be a couple or a single person, with or without children.

You can use this form if:

- You are registered for Fair PharmaCare. If you recently registered, wait to receive a Confirmation of Assistance letter. If you aren't sure, check your status: https://my.gov.bc.ca/fpcare/registration-status/request-status
You expect your net income for last year or gross income for this year to be at least 10% less than your net income from two years ago. The loss of income can be for any reason.

Submit this application no later than December 31 of this year. We only review your coverage for this year. Your coverage for previous years cannot be reviewed or changed retroactively.

1. TELL US WHO YOU ARE (enter names exactly as they appear on your income tax return)

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

SPOUSE (If you have one. The term "spouse" in this application includes common-law partners)

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

2. YOUR INCOME

See back of form to calculate your income. You will need to include copies of income documents.

Applying for a review using last year's net income? Enter amount from worksheet on back of form.

Box A input field with 00

OR

Applying for a review using this year's gross income? Enter amount from worksheet on back of form.

Box B input field with 00

3. CHECKLIST AND DECLARATION

Checklist

- I have enclosed copies of supporting documents for me and, if applicable, my spouse.
The dollar totals on the attached documents add up to the number I have entered in Box A or Box B above.

Declaration

- I certify that the information on this form and in all attached documents is true, correct and complete.
I declare that my family's expected income this year or my net income from last year is at least 10% less than my net income from two years ago, which was used to calculate the Fair PharmaCare coverage I have now.
I allow 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 will be used 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 information from the Canada Revenue Agency later demonstrates that my income was higher than declared in this application, I will repay the Ministry of Health any assistance that I received in excess of the assistance for which I was actually eligible.

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



INCOME CALCULATION WORKSHEET

If within the last two years, you moved to Canada; were a minor with no income; lived abroad; or were otherwise exempt from filing Canadian taxes, you must submit a Notarized Affidavit form (HLTH 5357) before submitting this application. Print off the form at www2.gov.bc.ca/assets/gov/health/forms/5357fl.pdf or call us at the number below to have one mailed to you.

Choose the year with the lower income (or the year for which you have all required documents).

A. Last Year's Net Income	
Net income: Your income after deductions. We use your Canada Revenue Agency Notice of Assessment / Reassessment to verify your net income. If you don't have a Notice of Assessment/Reassessment, you can use your tax slips or other income receipts if it's before June 1. From last year's Notice of Assessment or Notice of Reassessment.	
Net income (line 23600):	\$ _____
Spouse's net income (line 23600):	+ \$ _____
Total net income:	= \$ _____ ①
Registered Disability Savings Plan (RDSP) payments (line 12500):	\$ _____
Spouse's RDSP payments:	+ \$ _____
Total RDSP income	= \$ _____ ②
Total net income minus total RDSP income ① - ② = \$	<input style="width: 80px;" type="text"/> A
Enter this amount in Box A (page 1)	

OR

B. Current Year's Gross Income	
Gross income: Your income before deductions. Estimate gross income for the current calendar year. Add up all amounts you and your spouse (if applicable) have received and expect to receive. The sum will be your gross income. Do not include Registered Disability Savings Plan income.	
Gross income:	\$ _____
Spouse's gross income: (enter 0 if you don't have a spouse)	+ \$ _____
Total gross income:	= \$ <input style="width: 80px;" type="text"/> B
Enter this amount in Box B (page 1)	

Supporting Documents to Verify Last Year's Net Income
Use copies only of supporting documents, for both you and, if applicable, your spouse.
<ul style="list-style-type: none"> • Canada Revenue Agency (CRA) Notice of Assessment or Notice of Reassessment or proof of income statement available from the CRA website: www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/a-proof-income-statement-option-print. • If you received RAP or SAFER payments, contact BC Housing at 604-433-2218 or (toll-free) 1-800-257-7756 to request an acknowledgment letter showing payments for the year. We will deduct them from your net income calculation. • If you haven't yet filed last year's income tax, you may apply using tax slips for all income sources. This option is not available after June 1.
Note: Fair PharmaCare requires you to file your taxes every year.

Supporting Documents to Verify This Year's Gross Income
Use copies only of supporting documents, for both you and, if applicable, your spouse.
Examples of supporting documents (all documents must show gross income):
<ul style="list-style-type: none"> • Employment: letter from employer (on letterhead) showing gross income • Self-employment: invoices; cheque stubs; letter from an accountant • Federal Recovery Benefits: Canada Recovery Sickness Benefit, Canada Recovery Caregiving Benefit and Canada Recovery Benefit • Unemployment: record of employment (ROE); final pay stub showing gross year-to-date income; letter from Employment Insurance (EI) showing the EI coverage start date, end date and gross weekly benefit amount* • Pensions, workers compensation or disability payments: letter(s)* from Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS), showing current gross monthly benefit • WorkSafeBC: letter showing gross monthly benefit • Disability insurance or pension: letter* showing current gross monthly benefit • Other sources: investments (e.g., interest and mutual fund payments); RRSPs; RIFs; LIFs; annuities; earned outside of Canada; business; rental, partnerships; support payments, etc.
* Request letters through Service Canada

Did you know? BC Medical Services Plan (MSP) can help households with lower incomes pay for certain supplementary medical services (e.g., physical therapy, massage, podiatry). Learn more at: www.gov.bc.ca/MSP/supplementarybenefits

Questions? Lower Mainland: 604 683-7151
Elsewhere in BC: 1 800 663-7100

MAIL YOUR APPLICATION TO PHARMACARE

Mail the completed and signed application to: **Fair PharmaCare, PO Box 9685, Stn Prov Govt, Victoria, BC V8W 9P7**

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 have 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 that you bought this year (you cannot be reimbursed for previous years). We will pay you any amount we owe you next spring. If you require immediate reimbursement, send us a letter.

Personal information on this form is collected by the Ministry of Health under s.22 of the *Pharmaceutical Services Act* for the purpose of determining, verifying and administering your and your family's Fair PharmaCare coverage. If you have any 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) This information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Pharmaceutical Services Act*.