



To apply online, visit: www.gov.bc.ca/PharmaCare/IncomeReview

USE CAPITAL LETTERS ONLY

A B C D

- Use this form if:**
- You have already registered for Fair PharmaCare; and
 - You have experienced layoff, loss of employment or other reduction of income resulting from the COVID-19 pandemic; and
 - Your anticipated gross income (total income before deductions) for this year will be at least 10% less than your income from two years ago as verified by the Canada Revenue Agency.

For income reviews not related to COVID-19, use Fair PharmaCare Plan: Application for Income Review (HLTH 5355).

IMPORTANT:

- If you are unable to provide required supporting documents, you must submit a letter signed by you (and your spouse, including common-law partner, if applicable) declaring the following:
 - o the types of document(s) you are unable to provide and why they are not available;
 - o the source of the income received, e.g., Canadian Emergency Response Benefit (CERB) (see p. 2, "Include your supporting documents");
 - o the gross income you received from this source each month; and,
 - o how many months of the year you have received this income, and how many additional months you expect to receive it.
 Note: the letter of declaration is only for documents you are unable to obtain. You must try to obtain all required documents.
- To request more assistance for this year, your application and supporting documents must be received no later than December 31 of this year. You cannot request more assistance for a previous year.
- Read all information on both sides of this form before completing it. Be sure to sign the application, and include all supporting documents. Mail the completed form to Health Insurance BC at the address below.

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

LAST NAME		FIRST NAME	
<input type="text"/>		<input type="text"/>	
PERSONAL HEALTH NUMBER (PHN)	STREET ADDRESS AND CITY		POSTAL CODE
<input type="text"/>	<input type="text"/>		<input type="text"/>

SPOUSE

LAST NAME		FIRST NAME	
<input type="text"/>		<input type="text"/>	
PERSONAL HEALTH NUMBER (PHN)			
<input type="text"/>			

2. CALCULATE YOUR ESTIMATED INCOME FOR THIS YEAR (use worksheet on page 2)

Insert your estimated gross income from worksheet (line 9):

You must submit the worksheet and all available supporting documents (see page 2) for yourself (and your spouse or common-law partner, if you have one). Submit a signed declaration for any supporting documents you are unable to provide (see above).

If your actual income turns out to be higher than your estimate by 10 percent or more, contact Health Insurance BC.

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.
 Based on my family's current income, I anticipate that my family's income for the current year will be at least 10% lower than the income used to calculate the Fair PharmaCare coverage I now have.

I understand that the information given in this application form and any documentation attached to it:

- will be used to determine, verify and administer my and/or my family's Fair PharmaCare Plan coverage;
- will be collected, used and disclosed in accordance with the *Pharmaceutical Services Act* and the *Freedom of Information and Protection of Privacy Act*.

I acknowledge that if information from the Canada Revenue Agency demonstrates that my family's current year income is not at least 10% lower than the income used to calculate the Fair PharmaCare coverage I now have, I will be required to repay the Ministry of Health any assistance I received in excess of the assistance for which I was actually eligible.

SIGNATURE OF REGISTRANT	SIGNATURE OF SPOUSE	DATE SIGNED (MM / DD / YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>



INCOME CALCULATION WORKSHEET

1. ESTIMATE YOUR 2020 INCOME

Add up the income you received **from all sources** prior to your loss of income, the income you expect to receive during the period of your reduced income, and the income you expect to receive for the remainder of 2020 (following resumption of employment or end of temporary benefits). Add up all income for your spouse, if applicable.

Do **not** include Registered Disability Savings Plan income. Enter zero (\$0) for each period for which you and/or your spouse do not have any income.

YOUR ESTIMATED 2020 INCOME		
Before reduction of income (e.g., Jan – March)	\$	1
During reduction of income (e.g., April – June)	\$	2
Remainder of 2020 (est.)	\$	3
SUBTOTAL (add lines 1-3)	\$	4

SPOUSE'S (IF APPLICABLE) ESTIMATED 2020 INCOME		
Before reduction of income (e.g., Jan – March)	\$	5
During reduction of income (e.g., April – June)	\$	6
Remainder of 2020 (est.)	\$	7
SUBTOTAL (add lines 5-7)	\$	8

TOTAL GROSS INCOME (line 4 + line 8)	\$	9
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If you are a 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.

2. INCLUDE YOUR SUPPORTING DOCUMENTS

All documents must indicate gross income and have been issued in 2020. Provide photocopies of the following for **all** income sources for you and your spouse. **Do not send originals:**

- **For the Canada Emergency Response Benefit (CERB) and the BC Emergency Benefit for Workers:** Statement from the CERB and/or the BC Emergency Benefit for Workers confirming payment of the benefit.
- **For employment:** Letter from your employer (on letterhead) showing your expected gross income this year.
- **For self-employment:** A letter from your accountant if you have one and copies of your invoices or cheque stubs to date.
- **For unemployment:** Record of Employment, final pay stub showing gross year-to-date income, and letter from Employment Insurance (EI) showing the EI coverage start date, end date and weekly benefit amount. These letters can be requested through Service Canada.
- **For pensions, workers' compensation or disability payments:** Letter from Canada Pension Plan, Old Age Security, Guaranteed Income Supplement showing your current gross monthly benefit amount. These letters can be requested through Service Canada, or by logging in to your Service Canada account: www.canada.ca.

- Letter from WorkSafeBC showing your current gross monthly benefit amount.
- Letter from disability insurance or pension provider showing your current gross monthly benefit amount.
- **Gross income from other sources:** documents for investments (such as interest and mutual fund payments); income from RRSPs, RIFs, LIFs, annuities, etc.; income earned outside of Canada; business income (rental including the BC-TRS, partnerships, etc.); support payments.

If you are unable to obtain the required supporting documents because of limited services due to the COVID-19 pandemic, you must provide a letter signed by you (and your spouse/common-law partner, if applicable) declaring the following: the document(s) you are unable to provide, the reason they are not available, the source of the related income, the gross monthly amount of this income, and how long you expect to collect this income.

Your supporting documents and letter of declaration must account for the total income you are declaring for your income review.

If you are not sure which documents to include: Contact Health Insurance BC (see contact information on page 1). Please do **not** include bank statements.

3. MAIL YOUR APPLICATION TO PHARMACARE

Mail the completed and signed application form, supporting documents and letter of declaration (if applicable) 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 any amount 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 information from the CRA demonstrates that your family's current year income is not at least 10% lower than the income used to calculate the Fair PharmaCare coverage you now have, you will be required to repay the Ministry of Health any assistance you received in excess of the assistance for which you were eligible.

If you have questions about completing this form: Contact Health Insurance BC (see contact information on page 1).

The Medical Services Plan (MSP), which covers physician visits and hospital services, etc., offers supplementary benefits to households with lower incomes. For more information, visit www.gov.bc.ca/MSP/supplementarybenefits.

INFORMATION COLLECTION NOTICE

The personal information you provide to the PharmaCare program is collected by the British Columbia Ministry of Health under the authority of s. 22 of the *Pharmaceutical Services Act* and s. 26 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of your personal information, please contact the Director of Information and PharmaNet Innovation, Ministry of Health, at Pharma@gov.bc.ca, or 250-952-2790, or PO Box 9652, STN PROV GOVT, Victoria, BC V8W 9P4.