



Use this form to let us know that you have filed an income tax return with the Canada Revenue Agency for the tax year that will determine your Fair PharmaCare coverage. This is usually two years before the coverage year.

If you received a letter saying that you need to file your income tax return so we can set your deductible and family maximum, please declare for the tax year noted in the letter.

Send this form to the address below.

You can also complete and submit this form online at [gov.bc.ca/PharmaCareTaxesFiled](http://gov.bc.ca/PharmaCareTaxesFiled)

PLEASE PRINT IN CAPITAL LETTERS ONLY

1 2 3 4 A B C D

Legal Last Name

[Text input field for Legal Last Name]

Legal First Name

[Text input field for Legal First Name]

Birthdate (MM/DD/YYYY)

[Text input field for Birthdate]

Personal Health Number (PHN)

[Text input field for Personal Health Number]

Declaring for Tax Year

[Text input field for Declaring for Tax Year]

I (and my spouse, if applicable) have filed an income tax return with the Canada Revenue Agency for the tax year indicated above.

Signature

[Text input field for Signature]

Date Signed (MM/DD/YYYY)

[Text input field for Date Signed]

**Collection and use of personal information:**

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*.