



Please read page 2 before completing. All sections of this form must be completed. If you require Fair PharmaCare coverage urgently, you can register online at www.health.gov.bc.ca/pharmacare/ or call 604 683-7151 (Lower Mainland) or 1 800 663-7100 (Rest of BC).

REGISTRANT - YOUR NAME AS IT APPEARS ON YOUR INCOME TAX RETURN

REGISTRANT LAST NAME, REGISTRANT FIRST NAME

STREET ADDRESS, CITY, PROV, POSTAL CODE

PERSONAL HEALTH NUMBER (PHN), DATE OF BIRTH (MM / DD / YYYY), TAX YEAR, NET INCOME

UCCB, RDSP, Yes, I meet the requirements for registration (see reverse)

SPOUSE - YOUR NAME AS IT APPEARS ON YOUR INCOME TAX RETURN

SPOUSE LAST NAME, SPOUSE FIRST NAME

PERSONAL HEALTH NUMBER (PHN), DATE OF BIRTH (MM / DD / YYYY), TAX YEAR, NET INCOME

UCCB, RDSP, Yes, spouse meets the requirements for registration (see reverse), No, spouse does not meet requirements 1 and/or 2 (see reverse)

DEPENDENT CHILDREN

CHILD LAST NAME, CHILD FIRST NAME

PERSONAL HEALTH NUMBER (PHN), DATE OF BIRTH (MM / DD / YYYY)

CHILD LAST NAME, CHILD FIRST NAME

PERSONAL HEALTH NUMBER (PHN), DATE OF BIRTH (MM / DD / YYYY), IF YOU HAVE MORE CHILDREN, PLEASE CHECK BOX, ATTACH ADDITIONAL SHEET AND PROVIDE ALL INFORMATION

DECLARATION AND CONSENT - MUST BE SIGNED (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)

Please read and sign. If you are married or living and cohabiting in a marriage-like relationship, your spouse must also sign. I consent to allow the Canada Revenue Agency to release information from my income tax returns and 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, but may be aggregated for planning and evaluation purposes. I understand my information will be collected, used and disclosed in accordance with the British Columbia Pharmaceutical Services Act and Freedom of Information and Protection of Privacy Act. It will not be disclosed to any persons without my consent. This consent is valid for the two taxation years before the year in which I sign this document, for the year in which I sign it and for each following taxation year in which I and/or my family am eligible for the Fair PharmaCare Plan. I understand that I can withdraw this consent at any time by writing to Health Insurance BC, PO Box 9655 Stn Prov Govt, Victoria BC V8W 9P2.

Please check this box if someone has Power of Attorney or another legal representation agreement and is signing on your behalf, and include a copy of the agreement with your registration. Copies may be forwarded to the Canada Revenue Agency (CRA) on its request.

SIGNATURE OF REGISTRANT, SOCIAL INSURANCE NUMBER, SIGNATURE OF SPOUSE, SOCIAL INSURANCE NUMBER

DATE SIGNED (MM / DD / YYYY), DAYTIME TELEPHONE NUMBER



# Important Information

## Registration Requirements

You must:

1. have been a resident of British Columbia for at least three months, and
2. be registered with the Medical Services Plan (MSP), and
3. have filed an income tax return with the Canada Revenue Agency (CRA) for the relevant taxation year.

If you have a spouse and/or dependent children (refer to the definitions below) you must register as a family. If your spouse does not meet the requirements, you must still include your spouse's income when registering.

**New residents of the province** — apply for MSP as soon as possible after your arrival in the province. Your MSP registration will then be in place when the three-month residency period has been met. Register for Fair PharmaCare as soon as you receive your BC Services Card/CareCard.

**If only one spouse meets requirements 1 and 2, but both spouses filed an income tax return for the relevant year** — the spouse meeting the requirements may register the family for Fair PharmaCare. Include the net income of both spouses. All members of the family are eligible for Fair PharmaCare except the non-resident spouse. If the non-resident spouse later registers with MSP, please inform Health Insurance BC.

**If you and/or your spouse did not file an income tax return for the relevant year** — do so as soon as possible. When you have submitted your tax return(s) to the CRA, register your family for Fair PharmaCare. We will confirm your family's level of assistance when we have verified your net income with the CRA.

**If you cannot file an income tax return for the relevant year because you are a new resident of Canada**, or to obtain other Fair PharmaCare information, please contact Health Insurance BC at the numbers listed on page 1 of this form.

## What is the Definition of "Spouse"?

For PharmaCare purposes, a spouse is: a person who is either married to or living and cohabitating in a marriage-like relationship with the registrant, and may be of the same gender as the applicant.

## Who is Considered a Dependent Child?

For PharmaCare purposes, a dependent child is:

- a resident who is the legal ward or child of the registrant or spouse, and
- supported by the registrant or spouse, and
- neither married nor living and cohabitating in a marriage-like relationship, and
- either age 18 or younger, or age 19 to 24 and attending school or university full-time, and
- included in your (or your spouse's) MSP coverage, and
- not currently registered with PharmaCare as a member of another family.

## Completing the Form

Please complete all sections of the form including the Declaration and Consent. Incomplete forms cannot be processed and will be returned.

**Tax Year:** If you are registering for PharmaCare coverage for 2010, provide the net income from your Notice of Assessment for the 2008 tax year; for 2011, provide the net income from your Notice of Assessment for the 2009 tax year, and so on.

Note: Because the deadline for filing an income tax return is April 30 of the following tax year and because CRA requires processing time, PharmaCare is unable to use more recent tax return information when calculating your Fair PharmaCare assistance.

**Net Income:** Provide the net income shown on Line 236 of your and, if applicable, your spouse's CRA Notice of Assessment or federal income tax return.

**Universal Child Care Benefit (UCCB):** Provide any amount reported on Line 117 of your and, if applicable, your spouse's federal income tax return for the applicable tax year.

**Registered Disability Savings Plan (RDSP) Income:** Provide any amount reported on Line 125 of your and, if applicable, your spouse's federal income tax return for the applicable tax year.

**Declaration and Consent:** The Declaration and Consent must be signed by you (the registrant) and, if applicable, your spouse. The consent allows the Ministry of Health and/or Health Insurance BC to request your income information directly from the CRA for use in calculating your level of coverage. Please do not change the wording as the CRA will consider the form invalid if it is altered in any way. Without this consent, Health Insurance BC will be unable to determine the appropriate level of assistance for your family and the deductible for each member of your family will be set at the highest amount.

PharmaCare uses the following items from your tax return to calculate your level of assistance under Fair PharmaCare: Net Income (Line 236), and, if applicable, Married Amount (Line 303), GST/HST Credit Application (Line 5105) and UCCB (Line 117).

Personal information is collected, used, disclosed and provided security in accordance with the British Columbia *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, contact Health Insurance BC at the address or telephone numbers shown on page 1.