



Fair PharmaCare coverage is based on your net income from two years ago. When you register, and every year following, PharmaCare checks your income with the Canada Revenue Service (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 immediately before the current year (i.e. last year).

You – and your spouse, if you have one – 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 simply did not file your taxes two years ago, but could have. 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.

If you need your Notice of Assessment (or Notice of Re-Assessment), you can request one from the CRA.

If you have a modest income and simple tax situation, you can get help filing your taxes through the Community Volunteer Income Tax Program. See the Government of Canada website.



Fair PharmaCare Proof of Income Affidavit

Mailing Address: 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.hibc.gov.bc.ca

Table with 2 columns: Information (Name of Registrant, Name of Spouse, Address) and Health/Phone Numbers (Personal Health Number (PHN), 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.

Table for INCOME (Before any deductions) with columns for Registrant and Spouse. Rows include Employment, EI benefits, Workers' compensation, Disability payments, OAS, CPP/QPP, RRIF, Other pensions, RRSP, Social/income assistance, and Net federal supplements.

Table for INCOME (After claiming expenses allowed by the Canada Revenue Agency) with columns for Registrant and Spouse. Rows include Self-employment, Rental, Interest, Investment, Taxable capital gains, and Taxable Canadian corporation dividends.

Table for WORLD INCOME with columns for Registrant and Spouse. Row includes Earnings outside of Canada.

Table for OTHER INCOME with columns for Registrant and Spouse. Row includes Specify source(s).

TOTAL row with columns for Registrant and Spouse.

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 registered 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.

Signature of registrant

Signature of spouse (if applicable)

Sworn/affirmed before me at

COMMISSIONER FOR TAKING AFFIDAVITS

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

(signature and stamp or seal required)

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

