



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

Form with fields: Name of Registrant, Personal Health Number (PHN), Name of Spouse, Personal Health Number (PHN), Address, 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 with columns: INCOME (Before any deductions), Registrant, Spouse. Rows include Employment, Employment Insurance (EI) benefits, Workers' compensation, Disability payments, Old Age Security (OAS), Canada/Quebec Pension Plan (CPP/QPP), Registered Retirement Income Fund (RRIF), Other pensions/superannuation, Registered Retirement Savings Plan (RRSP), Social/income assistance, Net federal supplements.

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

Table with columns: WORLD INCOME, Registrant, Spouse. Row: Earnings outside of Canada.

Table with columns: OTHER INCOME, Registrant, Spouse. Row: Specify source(s):

TOTAL row with values 0.00 for Registrant and 0.00 for 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 and Signature of spouse (if applicable)

Sworn/affirmed before me at the _____ of _____ in the province of British Columbia this _____ day of _____ 20 _____

COMMISSIONER FOR TAKING AFFIDAVITS (signature and stamp or seal required)

