



This form should be completed when the **2019 Total Family Income** has been reduced by greater than 10% from the **2017 Total Family Income**. The Pharmacare deductible is based on the total family income; therefore, both spouses (if applicable) must complete this form. Incomplete forms will be returned for further information.

Applicant's Name	Status: <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	Spouse's Name
Manitoba Health Number		Manitoba Health Number
Personal Health Identification Number		Personal Health Identification Number
Telephone No.: ()		Telephone No.: ()

Is your 2018 income the same as your projected 2019 income?

Applicant

NO ☐ → Complete Steps 1 and 3
 YES ☐ → Complete Steps 2 and 3

Spouse

NO ☐ → Complete Steps 1 and 3
 YES ☐ → Complete Steps 2 and 3

STEP 1 - Summary of gross income for 2019:

List all sources of **gross income** received in the appropriate fields on the chart below, for example: CPP, OAS, employment or disability pension, interest, investment or RSP income, capital gains, etc. If you need more space please use the back of this form.

Please attach proof of gross income for each of the amounts. If the same amount of income is received every month, only one month of documentation is required.

Applicant Name:

Spouse Name:

2019 Sources of Income	Payment Amount	# of Pymts per year	Yearly Gross Amount	2019 Sources of Income	Payment Amount	# of Pymts per year	Yearly Gross Amount
Example: Canada Pension Plan	\$400.00	12	\$ 4,800.00				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
Applicant's Initials Total: \$				Spouse's Initials Total: \$			
2019 Projected Total Family Income							\$

Please explain why your 2019 Total Family Income has decreased by more than 10% from 2017. For example: job loss or retirement.

STEP 2 - If your 2019 income will be the same as your 2018 income, please submit the following:

- The signed and completed **Projected Income Worksheet for the 2019/2020 Pharmacare Benefit Year** and;
- A copy or copies of your 2018 Notice of Assessment from the Canada Revenue Agency (CRA). If applicable, when an applicant and spouse's 2019 incomes will remain the same as in 2018, we require both 2018 Notice of Assessments or;
- If you and your spouse have elected to split pension income, please submit 2018 CRA Option C Summary Reports instead of 2018 Notice of Assessments. You may request Option C Summary Reports from the Canada Revenue Agency by contacting them at 1-800-959-8281.

STEP 3

I declare, to the best of my knowledge, that the financial information I have provided in this form is complete. I have fully disclosed my total gross income from all sources. Further, within the benefit year, I will notify Pharmacare, Manitoba Health if there are any changes in the declared projected gross income and I will provide any required documentation in respect to these changes. I understand that an audit may be conducted by Manitoba Health to verify my actual gross income for the relevant tax year. If there is a discrepancy, my Pharmacare deductible will be reassessed and adjusted in future benefit years.

Signature of Applicant

Signature of Spouse

Date _____

Date _____

This worksheet **must be signed** to be considered complete.

For more information about the Manitoba Pharmacare Program, please contact:

Phone: 204-786-7141 or Toll free: 1-800-297-8099

TTY/TDD Relay Service: 204-774-8618 outside Winnipeg: 711 or 1-800-855-0511

This completed form, along with the required supporting documentation, may be faxed to 204-786-6634, or submitted to:

Pharmacare
Manitoba Health, Healthy Living and Seniors
300 Carlton Street
Winnipeg, MB R3B 3M9

A signed and completed **Projected Income Worksheet for the 2019/2020 Pharmacare benefit year**, along with required supporting documentation, must be received in our office on or before **March 31, 2020**, in order to be considered for a reassessment.