

DECLARATION OF AGE

Personal Health Number (PHIN) *(9 digits)* _____

Manitoba Health Registration Number*(6 digits)* _____

For the purpose of determining my eligibility for income-based coverage under the Manitoba Pharmacare Plan, I declare that:

I *(name)* _____ was under the age of 18 in the **2021** taxation year and therefore did not earn income or file taxes with Canada Revenue Agency.

OR:

I *(name)* _____ was under the age of 18 in the **2021** taxation year and earned \$ _____ but did not file income taxes with Canada Revenue Agency.

Signature of Applicant

Date
