

## **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 Program, I declare that:*

I (name) \_\_\_\_\_ was under the age of 18 in the **2023** 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 **2023** taxation year and earned \$ \_\_\_\_\_ but did not file income taxes with Canada Revenue Agency.

☐ By checking this box, I declare that all the information I provided in this form is complete and I have fully disclosed my total income from all sources. I understand that a false statement constitutes fraud and may result in recovery of any benefits paid by Manitoba Health.

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_