

MANITOBA HEALTH

DEDUCTIBLE INSTALMENT PAYMENT PROGRAM FOR PHARMACARE APPLICATION, CONSENT AND AUTHORIZATION FORM

Manitoba Health Deductible Instalment Payment Program for Pharmacare (to be referred to as the “payment program”), allows eligible Manitobans and their families who are enrolled with Manitoba Pharmacare, and who have high monthly prescription drug costs relative to their average monthly adjusted family income, the benefit of paying their Manitoba Pharmacare annual deductible by way of monthly instalments through Manitoba Hydro.

Whether an applicant is eligible for enrolment in the payment program, will depend on the total amount of monthly prescription drugs (i.e., specified drugs under Manitoba Pharmacare) that the applicant, their spouse and dependants, if any, are expected to pay in the benefit year (i.e., April 1st of one year to March 31st of the next immediately following year) in which the applicant applies for enrollment in the payment program.

For more information, please refer to the *Deductible Instalment Payment Program for Pharmacare Guide*.

Eligibility:

To be considered for enrolment in the payment program, applicants and their families must:

- first be enrolled with Manitoba Pharmacare;
- have eligible Manitoba Pharmacare specified drug costs over a 30-day period that are equal to or above 20 per cent of their average monthly adjusted family income;
- have, as of the date of their application date for enrolment in the payment program, reached or gone above their benefit limit for specified prescription drug coverage through another drug insurance or benefit plan*; and
- pre-authorize Manitoba Hydro to make automated monthly withdrawals from their bank or credit union account to pay their Manitoba Pharmacare annual deductible by way of monthly instalments as well as their monthly Manitoba Hydro bill.

* *Other health and/or drug coverage that contributes towards or pays your prescription drug costs. Participation in the payment program would complicate and/or delay the reimbursement of those other benefits. You may be eligible to re-apply for the payment program once all other benefits have been exhausted.*

Are you currently enrolled with Manitoba Pharmacare? (you must check Yes or No)

Yes

No

- If the NO box is checked , you must complete the Manitoba Pharmacare application and consent authorization Form. This form is available at any Manitoba pharmacy or online at www.manitoba.ca/health/pharmacare.
- The payment program will assess your eligibility once Manitoba Health has received and processed your Manitoba Pharmacare application and consent authorization Form.

Are you currently enrolled in the payment program? (you must check Yes or No)

Yes

No

- If the NO box is checked , please complete all PARTS, except for PART E, of this Application, Consent and Authorization Form.
- If the YES box is checked , please complete all PARTS, except for PART H, of this Application, Consent and Authorization Form.

PART A: APPLICATION FOR THE PAYMENT PROGRAM

PLEASE PRINT CLEARLY. COMPLETE ONLY ONE APPLICATION, CONSENT AND AUTHORIZATION FORM PER FAMILY UNIT.

Applicant Information:	Manitoba Health Registration Number:	Personal Health Identification Number (PHIN):	Please circle only one: Married Common Law Divorced Single Separated Widowed
	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>		
Surname		Given Name	Middle Name or Initial
Current Home Address		City/Town	Postal Code
Current Mailing Address or <input type="checkbox"/> Check box if same as above		City/Town	Postal Code
(204)		(204)	
Home Telephone Number		Other Telephone Number	
Spousal Information:	Manitoba Health Registration Number:	Personal Health Identification Number (PHIN):	
	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>		
Surname		Given Name	Middle Name or Initial
Privacy Notice:			
<p>• Your personal information and personal health information is being collected for the purpose of dealing with your application to be enrolled in the payment program, and to administer and enforce the payment program. Manitoba Health will also use your personal information and personal health information to evaluate and monitor the payment program, and for research and planning related to it.</p> <p>• Manitoba Health is authorized to collect information about you for these purposes by clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act (FIPPA) and subsection 13(1) of The Personal Health Information Act (PHIA).</p> <p>• Your personal information and personal health information is protected by FIPPA and PHIA. Manitoba Health can only use and disclose it with your consent, or if FIPPA or PHIA permits us to do so. If you have any questions about your personal information, please contact Manitoba Health's Access and Privacy Coordinator at (204) 786-7237 in Winnipeg or toll free at 1-800-392-1207.</p>			

PART B: POWER OF ATTORNEY

- Is another person appointed under a Power of Attorney signing this application on behalf of the applicant and/or the applicant's spouse, if any? (you must check Yes or No) Yes No
- If you checked YES in the previous line, do you have the authority to sign this application on behalf of the applicant and/or the applicant's spouse, if any? (you must check Yes or No) Yes No
- If both the YES boxes are checked , a true copy of the Power of Attorney document(s) must be attached to this completed application.

PART C: OTHER DRUG INSURANCE OR DRUG BENEFIT PLAN COVERAGE SEE THE GUIDE FOR ADDITIONAL INFORMATION.

- Are any of your prescription drug costs paid for by another drug insurance or benefit plan? (you must check Yes or No) Yes No
- If the YES box is checked , have you reached or gone above the prescription drug benefit limit offered by another drug insurance or benefit plan? (you must check Yes or No) Yes No

PART D: BILL PAYMENT OPTION (YOU MUST CHECK ✓ ONLY ONE OF THE FOLLOWING OPTIONS, NOT BOTH.)

SEE THE GUIDE FOR ADDITIONAL INFORMATION REGARDING THESE OPTIONS OR CONTACT THE PAYMENT PROGRAM AT 945-1733 (WINNIPEG) OR TOLL FREE AT 1-888-519-3492 TO HELP YOU DECIDE WHICH OPTION IS BEST FOR YOU.

Current Year Option: This payment option is suggested for applicants who apply for enrolment in the payment program between **April 1 and September 30**.

Blended Payment Option: This payment option is suggested for applicants who apply for enrolment in the payment program between **October 1 and March 31**.

PART E: TO BE COMPLETED BY APPLICANTS WHO ARE RENEWING THEIR ENROLMENT IN THE PAYMENT PROGRAM

- Do you expect that your total eligible (specified) prescription drug costs in the current Manitoba Pharmacare benefit year will be similar to those you incurred over the previous Pharmacare benefit year? (you must check ✓ Yes or No) Yes No
- In the current Manitoba Pharmacare benefit year, do you expect to incur eligible (specified) prescription drug costs that will cause you to reach or exceed your annual Manitoba Pharmacare deductible? (you must check ✓ Yes or No) Yes No

PART F: YOUR RESPONSIBILITIES AND OBLIGATIONS

It is your responsibility to understand all of the terms and conditions under which the payment program is provided. These terms and conditions are currently set out in the guide and in this Application, Consent and Authorization Form. At a future date, additional terms and conditions may be added to the payment program by way of amendments to the Prescription Drugs Payment of Benefits Regulation 60/96 under The Prescription Drugs Cost Assistance Act C.C.S.M. c.P115. By completing this Application, Consent and Authorization Form, you and your spouse, if any, are agreeing that any failure on your or your spouse's part to:

- provide complete and true information on this Application, Consent and Authorization Form;
- immediately notify the payment program at 945-1733 (in Winnipeg) or toll free at 1-888-519-3492 of any changes to your home and/or mailing address, phone number, or to your health and/or drug benefit coverage;
- immediately notify Manitoba Pharmacare of any changes to your financial, marital or family status;
- immediately notify Manitoba Hydro of any changes to your banking information; or
- have sufficient funds in your bank or credit union account in order to meet your automated monthly payments in full to Manitoba Hydro;

can result in your being immediately removed from the payment program.

You and your spouse, if any, are also agreeing that upon removal from the payment program, you will be required to spend an amount equal to the entire outstanding balance of your Manitoba Pharmacare annual deductible on your family's eligible prescription drug costs. Until you spend an amount equal to that outstanding balance, you and your spouse and dependants, if any, will not be entitled to receive further Manitoba Pharmacare benefits, i.e. payment of the costs of specified drugs under Manitoba Pharmacare. If this amount, i.e., the outstanding balance, is not spent on your family's eligible prescription drug costs in the same benefit year that you were enrolled in for the purposes of the payment program, you will be required to spend that amount in the next benefit year. **Important:** the outstanding balance shall be added to your Manitoba Pharmacare annual deductible calculated for that next and any subsequent benefit year(s) before you and your family may receive any Manitoba Pharmacare benefits.

It is also important that you understand and fulfill your payment obligations under the payment program. **Both** the amount of your payment program monthly instalment and your monthly Manitoba Hydro energy bill must be paid **in full** each month to Manitoba Hydro. If you fail to make two (2) consecutive monthly payments in full, you and your family will be considered ineligible for continued enrolment in the payment program and, as a result, removed from the payment program.

IMPORTANT

If your Manitoba Hydro energy bill is currently in arrears, you should contact the Manitoba Hydro billing department at 480-5900 (in Winnipeg) or toll free at 1-888-MBHYDRO (624-9376) before you complete and submit this Application, Consent and Authorization Form. The first pre-authorized withdrawal made from your bank or credit union account will include all arrears you owe to Manitoba Hydro and your first monthly deductible instalment payment under the payment program, plus the amount of your regular monthly energy bill.

If you have any questions regarding any of the terms and conditions of the payment program or your obligations under the payment program, please contact the Deductible Instalment Payment Program for Pharmacare at 945-1733 (in Winnipeg) or toll free at 1-888-519-3492 **before** you complete and submit this Application, Consent and Authorization form.

PART G: CONSENT AND DECLARATION

Consent to Share Information

1. I/WE consent to Manitoba Health -- including the Deductible Instalment Payment Program for Pharmacare and Provincial Drug Programs -- and Manitoba Hydro collecting from and disclosing to each other personal information, personal health information, financial and other information about me/us that is necessary to deal with my/our application to be enrolled in the payment program and to administer and enforce the payment program.
2. I/WE consent to Manitoba Health disclosing to and obtaining from public and private drug insurers and plans personal information, personal health information, financial and other information about me/us that is necessary to verify the information provided respecting the payment program.
3. I/WE also consent to Manitoba Health using the information about me/us for general health research and planning purposes, including generating, maintaining and analyzing statistical data for these purposes. For questions about this consent, please contact Manitoba Health's Access and Privacy Coordinator at (204) 786-7237 in Winnipeg or toll free at 1-800-392-1207.

Signature of Applicant

Date

Signature of Applicant's Spouse or Common-Law Partner

Date

Declaration and Agreement

- I/WE DECLARE that I/we have read and understand the guide and the provisions set out in this Application, Consent and Authorization Form, and agree that I/we shall comply with the terms and conditions of the payment program and my/our responsibilities and obligations as set out in PART F of this Application, Consent and Authorization Form.
- I/WE ALSO DECLARE that all information I/we have provided in this Application, Consent and Authorization Form is complete and true.

Signature of Applicant

Date

Signature of Applicant's Spouse or Common-Law Partner

Date

PART H: PHARMACY USE ONLY

TO BE COMPLETED FOR NEW APPLICANTS ONLY (NOT REQUIRED FOR APPLICANTS WHO ARE RENEWING THEIR ENROLMENT IN THE PAYMENT PROGRAM)

Pharmacy Name / Store Number / Address

City / Postal Code

Pharmacist License Number

Phone Number

Fax Number

Estimated eligible prescription drug costs: In accordance with the instructions in the guide, calculate the cost of the applicant's/applicant's family eligible (specified drugs under Manitoba Pharmacare) prescription drug cost for the upcoming 30 days.

\$

Estimated Drug Cost

Pharmacist's Signature

Date

PART I: MANITOBA HYDRO PRE-AUTHORIZED PAYMENT APPLICATION

To be eligible for enrolment in the payment program, you must also pre-authorize Manitoba Hydro to make automated monthly withdrawals from your bank or credit union account in payment of your Manitoba Pharmacare annual deductible. This pre-authorized monthly payment will also include the amount of your Manitoba Hydro regular monthly energy bill. If you are determined to be eligible for enrolment in the payment program and currently do not receive a Manitoba Hydro monthly energy bill, an account will be set up for you by Manitoba Hydro for the purposes of billing you and making monthly withdrawals from your bank or credit union account in payment of your Manitoba Pharmacare annual deductible. Manitoba Hydro will then remit these monies that it withdraws from your bank or credit union account to Manitoba Health to be applied by Manitoba Health towards payment of your Manitoba Pharmacare annual deductible.

Your Manitoba Pharmacare annual deductible monthly instalment payment will appear separately from your energy charges on your monthly Manitoba Hydro bill. The first of these pre-authorized withdrawals will normally begin the month following the date that your Application, Consent and Authorization Form is received and processed by the payment program, depending on your Manitoba Hydro bill due date.

If you are approved for enrolment in the payment program, the payment program will mail to you at the address which you have specified above in PART A, the instalment amount that will be withdrawn each month by Manitoba Hydro from your bank or credit union account until your annual deductible is paid in full to Manitoba Health.

Please consult the guide for additional information.

Are you already enrolled with Manitoba Hydro for pre-authorized payments of your energy bill? Yes No
(you must check \checkmark Yes or No)

- If the YES box is checked \checkmark , please fill in your Manitoba Hydro account number (a), financial information (b), and any personal information that may have recently changed, in PART I (1) of this Application, Consent and Authorization Form and sign the Manitoba Hydro Pre-Authorized Payment Application.
- If the NO box is checked \checkmark , please complete in full the Manitoba Hydro Pre-Authorized Payment Application set out in PART I (1) of this Application, Consent and Authorization Form in full.

Is your Manitoba Hydro account currently in good standing? Yes No

- If the NO box is checked \checkmark , please contact Manitoba Hydro as soon as possible at 480-5900 or 1-888-MBHYDRO (624-9376) outside of Winnipeg to avoid processing delays.

PART I (1): MANITOBA HYDRO PRE-AUTHORIZED PAYMENT APPLICATION

You must complete this PART to authorize Manitoba Hydro to automatically withdraw from your bank or credit union account monies for payment of your Manitoba Pharmacare annual deductible monthly instalment. If you are already enrolled for pre-authorized payments with Manitoba Hydro, please fill in your Manitoba Hydro account number (a), financial information (b), and any personal information that may have recently changed. If you currently do not have a Manitoba Hydro account, one will be set up for you if you qualify. If you have a chequing account, you must affix a blank "void" cheque in the space provided below.

(a) _____

Manitoba Hydro Account Number

Manitoba Hydro Customer Name(s)

Service Address

City/Town

Postal Code

Mailing Address or Check box if same as above

City/Town

Postal Code

(204)

(204)

(204)

Home Telephone Number

Business Telephone Number

Other Telephone Number

(b)

Name of Financial Institution

Address of Financial Institution

(b)

Transit Number Institution Number Account Number

- I/WE authorize Manitoba Hydro to begin automated withdrawals for payment of my/our energy bill and the Manitoba Pharmacare annual deductible monthly instalments from the financial institution identified above and on the voided cheque attached in the space provided below. This authority remains in effect until terminated by either party.
- If any of my/our financial institution information changes, I/we agree to promptly give written notification of such change to both Manitoba Hydro and the Manitoba Health Deductible Instalment Payment Program for Pharmacare (at 300 Carlton Street, Winnipeg, MB R3B 3M9).

All authorized signatories/account holders of the above-noted account opened with the financial institution identified above **must sign** below.

Authorized Signature

Date

Authorized Signature

Date

This personal information is being collected under the authority of The Public Utilities Board Act. The purpose is to provide the applicant(s) with electronic payment functionality. Other uses and disclosures may be to provide information to internal and external auditors as part of a sample audit, electronic system to administer customer accounts and Manitoba Hydro officials on a "need to know" basis. It is protected by the protection of privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, please contact the Billing Department at Manitoba Hydro at 480-5900 or 1-888-MBHYDRO (624-9376) outside of Winnipeg.

Please attach a blank cheque marked "void" in the space below: