

## **DECLARATION OF FAMILY GLOBAL INCOME**

**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 the following income:*

I (name) \_\_\_\_\_, am a new resident to Canada as of (Landing date) \_\_\_\_\_.

In **2023**, I was residing in (Country) \_\_\_\_\_ with a gross annual income of \$ \_\_\_\_\_ CAD

**(If applicable),**

In **2023**, my Spouse (name) \_\_\_\_\_ was residing in (country) \_\_\_\_\_ with a gross annual income of \$ \_\_\_\_\_ CAD.

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

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Spouse (if applicable)

\_\_\_\_\_

Date

\_\_\_\_\_