

DECLARATION OF FAMILY GLOBAL INCOME

Personal Health Identification 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 the following income for the calendar year immediately preceding the current year:

I(*name*) _____, am a new resident to Canada as of (*landing date*) _____.

In 20____, I was residing in (*country*) _____ with a gross annual income of \$ _____ CAD.

(If applicable)

In 20____ 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.