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This form should be completed when the **2025 Total Family Income** has been reduced by greater than 10% from the **2023 Total Family Income**. The Pharmacare deductible is based on the total family income; therefore, both spouses (if applicable) must complete this form. Incomplete forms will be returned for further information.

Applicant's Name	Status:	Spouse's Name		
Manitoba Health Number	Common Law Widowed Divorced	Manitoba Health Number		
Personal Health Identification Number	SeparatedSingle	Personal Health Identification Number		
Telephone No.: ()		Telephone No.: ()		

Is your 2024 income the same as your projected 2025 income?

Applicar	nt	5
NO	→Complete Steps 1, 2 & 4	
YES [\rightarrow Complete Steps 2, 3 & 4	

Spouse	9	
NO		→Complete Steps 1, 2 & 4
YES		\rightarrow Complete Steps 2, 3 & 4
TES		→complete Steps 2, 3 & 4

STEP 1 - Summary of gross income for January 1, 2025 until December 31, 2025:

List all sources of **gross income** received to date and what you anticipate receiving for the full 2025 calendar year, in the appropriate fields on the chart below, for example: CPP, OAS, employment or disability pension, interest, investment or RSP income, capital gains, etc. If you need more space please use the back of this form.

<u>Please attach proof of gross income dated within 2025 for each of the amounts</u>. If the same amount of income is received every month, only one month of documentation is required.

Applicant Name:	Spouse Name:							
2025 Sources of Income	Payment Amount	# of Pymts per year	Yearly Gross Amount	2025 Sources of Income	Payment Amount	# of Pymts per year	Yearly Gross Amount	
Example: Canada Pension Plan	\$400.00	12	\$ 4,800.00				\$	
			\$				\$	
			\$				\$	
			\$				\$	
			\$				\$	
Applicant's Initials	Tota	l: \$		Spouse's Initials Total: \$				
2025 Projected Total Family Income								

STEP 2 - Please explain why your 2025 Total Family Income has decreased by more than 10% from 2023. For example: job loss or retirement.

STEP 3 - If your 2025 income will be the same as your 2024 income, please submit the following:

- The signed and completed **Projected Income Worksheet for the 2025/2026 Pharmacare Benefit Year** and;
- A copy or copies of your 2024 Notice of Assessment from the Canada Revenue Agency (CRA). If applicable, when an applicant and spouse's 2025 incomes will remain the same as in 2024, we require both 2024 Notice of Assessments or;
- If you and your spouse have elected to split pension income, please submit 2024 CRA Option C Summary Reports instead of 2024 Notice of Assessments. You may request Option C Summary Reports from the Canada Revenue Agency by contacting them at 1-800-959-8281.

STEP 4

I declare, to the best of my knowledge, that the financial information I have provided in this form is complete. I have fully disclosed my total gross income from all sources. Further, within the benefit year, I will notify Pharmacare, Manitoba Health if there are any changes in the declared projected gross income and I will provide any required documentation in respect to these changes. I understand that an audit may be conducted by Manitoba Health to verify my actual gross income for the relevant tax year. If there is a discrepancy, my Pharmacare deductible will be reassessed and adjusted in future benefit years.

Signature of Applicant

Signature of Spouse

Date

Date

This worksheet **must be signed** to be considered complete.

For more information about the Manitoba Pharmacare Program, please contact: Phone: 204-786-7141 or Toll free: 1-800-297-8099 TTY/TDD Relay Service: 204-774-8618 outside Winnipeg: 711 or 1-800-855-0511

This completed form, <u>along with the required supporting documentation</u>, may be faxed to 204-786-6634, or submitted to:

Pharmacare Manitoba Health 300 Carlton Street Winnipeg, MB R3B 3M9

A signed and completed Projected Income Worksheet for the 2025/2026 Pharmacare Benefit Year, along with required supporting documentation, must be received in our office on or before March 31, 2026, in order to be considered for a reassessment.