

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

P.O. BOX 9322 HALIFAX, N.S., B3K 6A1 TELEPHONE 429-6565 or 1-800-544-6191 FAX (902)468-9402

Name: _____ Health Card Number: _____

Address: _____

CRA CONSENT FORM

As a member of The Nova Scotia Seniors' Pharmacare Program, you may be eligible for a reduced or waived premium. To know if you are eligible, your income must be verified by the Canada Revenue Agency (CRA). Please complete the consent form below and Pharmacare will get the income information from CRA each year. At the beginning of each billing period, Pharmacare will send you a notice of any premium owing.

Please note: If you have a spouse, his/her signature and Social Insurance Number are required to process this consent.

Income Verification Consent

I/we hereby consent to the release, by the Canada Revenue Agency, of information from my income tax records to the Nova Scotia Department of Health, or its authorized representatives. This authorization is valid for two taxation years prior to my signing the application and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf. This information will be relevant to and used solely for the purpose of the general administration and enrollment in the Nova Scotia Seniors' Pharmacare Program. This information will not be disclosed to any person, department or organization without my approval. I understand if I wish to withdraw this authorization, I may do so at any time by writing to the Seniors' Pharmacare Program.

Signature of Applicant

Date

Applicants Social Insurance Number

Signature of Spouse (if applicable)

Date

Spouse Health Card Number

Spouse Social Insurance Number

Please return this completed form to the Nova Scotia Seniors' Pharmacare Program. A self addressed envelope is enclosed.

Questions? Call 429-6565 or 1-800-544-6191 and have your Nova Scotia Health Card Number ready. Email us at SeniorsPharmacare@medavie.bluecross.ca and we will reply by email.