

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

P.O. Box 9322 Halifax, NS B3K 6A1 Telephone 429-6565 or 1-800-544-6191 Fax (902) 468-9402

Health Card Number: _____

Name and Address:

REGISTRATION FORM

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I will not have other prescription drug coverage that will continue after age 65

If you **do not** have other drug coverage that will continue after age 65 and you want to join the Nova Scotia Seniors' Pharmacare Program, please sign and complete the income verification below. Please be advised – if you are in a married or common law relationship, income information for both spouses will be displayed on future correspondence related to fees for the Seniors' Pharmacare Program.

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 and Wellness, 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

Applicant Social Insurance Number

Date

Spouse Health Card Number

Spouse Social Insurance Number

Signature of Spouse (if applicable)

Date

Please return this completed form, with any other required forms, to the Nova Scotia Seniors' Pharmacare Program.

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