

Pursuant to Section 38B of the *Income Tax Act*,
R.S.N.S. 1989, c. 217

This consent statement is required for all Fertility and Surrogacy Tax Credit applicants with a spouse or common-law partner who has received or paid for medical expenses related to fertility treatments or surrogacy. Failure to submit this statement will mean the Department of Finance and Treasury Board will not be able to process and approve an applicant's Fertility and Surrogacy Tax Credit application.

I, _____ (Print Full Legal Name) am the spouse / common-law partner of _____ (Fertility and Surrogacy Tax Credit applicant) and

I hereby certify and confirm the following:

1. I understand my spouse / common-law partner (the applicant named above) is using my personal information on their application for a Fertility and Surrogacy Tax Credit.
2. I will not apply for a Fertility and Surrogacy Tax Credit for the same expenses claimed by my spouse / common-law partner.
3. The medical expenses related to fertility and/or surrogacy claimed by my spouse / common-law partner on their application for a Fertility and Surrogacy Tax Credit is not eligible for medical expense reimbursement by a third party.

I consent to my spouse / common-law partner using my personal information to apply for a Fertility and Surrogacy Tax Credit and I understand this information will be disclosed to and used by the Nova Scotia Department of Finance and Treasury Board for the purposes of administering the tax credit.

Signature of Spouse/Common-Law Partner (named above)

Social Insurance Number
(REQUIRED)

Date

Warning: The Income Tax Act allows for penalties to be applied if any person provides information which they know is false or misleading, or if material facts are omitted.