

DECLARATION OF AGE

Personal Health 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 that:

I (name) _____ was under the age of 18 in the **2022** taxation year and therefore did not earn income or file taxes with Canada Revenue Agency.

OR:

I (name) _____ was under the age of 18 in the **2022** taxation year and earned \$ _____ but did not file income taxes with Canada Revenue Agency.

By checking this box, I declare that all the information I provided in this form is complete and I have fully disclosed my total income from all sources. I understand that a false statement constitutes fraud and may result in recovery of any benefits paid by Manitoba Health.

Signature of Applicant

Date
