

DECLARATION OF FAMILY GLOBAL INCOME

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 the following income:

I (name) _____, am a new resident to Canada as of (Landing date) _____.

In **2022**, I was residing in (Country) _____ with a gross annual income of \$ _____ CAD

(If applicable),

In **2022**, my Spouse (name) _____ was residing in (country) _____ with a gross annual income of \$ _____ CAD.

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

Signature of Applicant

Date

Signature of Spouse (if applicable)

Date
