

Nova Scotia Seniors' Pharmacare Program

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.

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

Resident Information

Last Name	First Name	Health Card Number	
Mailing Address	City	Province	Postal Code

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/Partner Health Card Number

Spouse/Partner Social Insurance Number

Signature of Spouse/Partner (if applicable)

Date

Submit Your Form

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

Online:
<https://novascotia.ca/dhw-pharmacare-15>

By mail:
Nova Scotia Seniors' Pharmacare Program
PO Box 9322
Halifax NS B3K 6A4

By fax:
902-468-9402

Questions? Call 902-429-6565 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. Email should not be used when sharing personal/confidential information.

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.