

**Health and Community Services**  
Prescription Drug Program  
P.O. Box 690  
Moncton, New Brunswick  
Canada E1C 8M7 (506) 867-4515  
Fax: 1-888-455-8322

**Santé et Services communautaires**  
Programme de médicaments sur ordonnance  
C.P. 690  
Moncton (Nouveau-Brunswick)  
Canada E1C 8M7 (506) 867-4515  
Télécopieur : 1 888 455-8322

**The following information must be completed when applying for benefits provided by the New Brunswick Prescription Drug Program Multiple Sclerosis Plan.**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Language of Preference:  English  French

Marital Status:  Married  Common Law  Widowed  Divorced  Separated  Single

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Do you have prescription drug coverage covered by the Department of Family and Community Services?  Yes  No

If Yes, please provide your identification number: \_\_\_\_\_

Are you currently covered by a Prescription Drug Plan/Program?  Yes  No

**INCOME INFORMATION**

To determine eligibility use the most current income tax information stating line 150 and line 435 of your current Income Tax Return for all members of your family unit\*.

You must enclose a copy of the Income Tax Notice of Assessment or Notice of Re-assessment or an acceptable verification from Revenue Canada for each person in order for your application to be processed. Self-employed persons will be required to provide Notice of Assessment from the previous three years. Income in these cases will be calculated as an average of the years reported.

**Family Unit\*:**

Surname, First Name	Date of Birth	Medicare Number	Self-employed? (Yes, No)	Gross Income (Line 150)	Total Tax Payable (Line 435)	Are you currently employed? (Yes/No)	Liquid Assets* (\$)

**Statement of Information Accuracy.**

I certify that the information provided on this application is accurate and true.

**Authorization for Release of Information.**

I authorize the New Brunswick Prescription Drug Program to utilize my Social Insurance Number to validate Revenue Canada Notice of Assessment information with Revenue Canada for verification purposes.

I understand and endorse the above statement of Information Accuracy and support the Authorization for the Release of Information, as indicated by my signature below.

Applicant's signature (or mark X) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness when signed by mark X \_\_\_\_\_ Date \_\_\_\_\_

**NOTE**

1. Attach a copy of the Notice of Assessment or Notice of Re-assessment or an acceptable verification of income from Revenue Canada for each eligible person within the family unit\*.
2. If you do not have your most recent Notice of Assessment, or Re-assessment, you will have to obtain a current verification of income from Revenue Canada at 1-800-959-8281.
3. Ensure the application is signed, dated and (if applicable) witnessed.
4. Please ensure all questions are completely answered, all information provided is correct, and all information from Revenue Canada is enclosed. Incomplete or inaccurate applications will not be processed and will be returned.
5. Mail this application and required documents in the postage paid envelope provided.
6. You will receive a letter to confirm the outcome of your application. Please allow 3 working days after your application is received for processing.
7. If you are eligible for benefits, your coverage begins on the effective date indicated on your card.
8. **IMPORTANT** – The Schedule of copayment should be kept in your files for future reference.
9. If you have any questions regarding the application process call the toll-free number (1-800-332-3692) and ask for extension 4664.

**Mail to:**

**New Brunswick Prescription Drug Program  
PO Box 690, Moncton, New Brunswick E1C 8M7  
For Assistance call toll free at 1-800-332-3692**

**\*DEFINITIONS**

**Family Unit:** Defined as the person being assessed for eligibility, the person's spouse and dependents of the person and the spouse.

**Liquid Assets:** Defined as cash in bank accounts, fair market value of life insurance, fair market value of financial investments, fair market value of other financial investments. Liquid assets include but are not limited to: paid up insurance, stocks, bonds, guaranteed income certificates, income distribution from funds held in trust, etc. Exempt from liquid asset calculations are funds held in trust for children within the family unit, registered retirement savings plans and registered educational savings plans.

Please note: Only total Liquid Assets in excess of \$5,000 for your family unit will be used to calculate your copay.