

**PROJECTED INCOME WORKSHEET for the
2006/2007 PHARMACARE Benefit Year**

**Manitoba
Health**



This form should be completed when the **2006 Total Family Income** has been reduced by greater than 10% from the **2004 Total Family Income**. The Pharmacare deductible is based on the total family income; therefore, both spouses (if applicable) must complete this form.

Applicant's Name	Status: <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	Spouse's Name
Manitoba Health Number		Manitoba Health Number
Telephone No.: ()		Telephone No.: ()

1. Please explain why the 2006 Total Family Income has changed by more than 10% from the 2004 Total Family Income (examples: job loss, retirement, etc.):

2. Is your 2005 Income the same as your projected 2006 Income?

Applicant:

NO →Go to Step 3

YES →Go to Step 5

Spouse:

NO →Go to Step 3

YES →Go to Step 5

3. **Summary of income for 2006:**

List all sources of gross income received, for example: CPP; OAS; Employment Pension, Disability Pension, interest income, investment income, RRSP income, capital gains, etc.

Please complete all of the appropriate fields on the chart below. Incomplete forms will be returned for further information. (If you need more space please use the back of this form.)

Applicant's Name:				Spouse's Name:			
2006 Sources of Income	Payment Amount \$	# of Payments /year	Yearly Gross Amount \$	2006 Sources of Income	\$ Amount	# of Payments /year	Yearly Gross Amount \$
Example: Canada Pension Plan	\$400.00	12	\$ 4,800.00				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
Total: \$				Total: \$			
2006 Projected Total Family Income:							\$

4. Please attach proof of income for each of the amounts you have indicated above. Some examples of "proof of income" could include: cheque stubs or a copy of a bank statement. If the same amount of income is received every month, only one month of documentation is required.

5. If your 2006 income will be the same as your 2005 income, please submit:
- This Projected Income Worksheet for the 2006/2007 Pharmacare Benefit Year form, and
 - A copy/copies of your 2005 Notice of Assessment from Canada Revenue Agency. If both spouses incomes will remain the same in 2006 as in 2005, we require both 2005 Notice of Assessments.

A yearly audit (review) is done on all Pharmacare Application/Consent forms and Projected Income Worksheets. Audits are done to ensure that the amount reported on the Pharmacare Application/Consent form and/or Projected Income Worksheet has not been under or overstated. Any under or over statements of income means the Pharmacare deductible will be adjusted in future benefit years.

I declare, to the best of my knowledge, that the financial information I have provided in this form is complete. I have fully disclosed my total income from all sources. Further, within the benefit year, I will notify Provincial Drug Programs, Manitoba Health if there are any changes in the declared projected income. I will provide to Manitoba Health any required documentation in respect to these changes.

Signature of Applicant

Signature of Spouse

Date

Date

This worksheet **must be signed** to be considered complete.

If you require additional information please call the Pharmacare office at 786-7141 in Winnipeg, or at 1-800-297-8099 toll free in Manitoba. The hearing and speech impaired may call 774-8618 or the Manitoba Relay Service at 711.

This completed form, along with the required supporting documentation, may be faxed to 786-6634, or submitted to:

Provincial Drug Programs
300 Carlton Street
Winnipeg, MB R3B 3M9

Please note, a completed 2006/2007 Projected Income Worksheet must be received in our office on or before March 31, 2007, in order to be considered for an adjustment.