

PROJECTED INCOME WORKSHEET for the **2024/2025** PHARMACARE Benefit Year



This form should be completed when the **2024 Total Family Income** has been reduced by greater than 10% from the **2022 Total Family Income**. The Pharmacare deductible is based on the total family income; therefore, both spouses (if applicable) must complete this form. Incomplete forms will be returned for further information.

Applicant's Name		Status: ☐ Married ☐ Common Law ☐ Widowed ☐ Divorced		Spouse's Name					
Manitoba Health Number				Manitoba Health Number					
Personal Health Identification Number			☐ Separated☐ Single		Personal Health Identification Number				
Telephone No.:					Telephone No.:				
Is your 2023 income the same as your projected 2024 income? Applicant Spouse									
NO			4	NO	→Complete Steps 1, 2 & 4				
YES □ →C	omplete S	Steps 2, 3 &	4	YES	→Complete Steps 2, 3 & 4				
investment or RSP income, capital gains, etc. If you need more space please use the back of this form. Please attach proof of gross income dated within 2024 for each of the amounts. If the same amount of income is received every month, only one month of documentation is required. Applicant Name: Spouse Name:									
2024 Sources of Income	Payment Amount	# of Pymts per year	Yearly Gros Amount	s	2024 Sources of Income	Payment Amount	# of Pymts per year	Yearly Gross Amount	
Example: Canada Pension Plan	\$400.00	12	\$ 4,800.00					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
Applicant's Initials Total: \$				S	Spouse's Initials Total: \$				
	2024	Projected	Total Fami	ly Inc	ome	\$			

STEP 2 - Please explain why your 2 example: job loss or retirement.	24 Total Family Income has decreased by more than 10% from 2022. Fo)r
 The signed and completed <u>Pr</u> A copy or copies of your 2023 	the same as your 2023 income, please submit the following: ijected Income Worksheet for the 2024/2025 Pharmacare Benefit Year and Notice of Assessment from the Canada Revenue Agency (CRA). If applicable incomes will remain the same as in 2023, we require both 2023 Notice	ıle,
 If you and your spouse have ended a Reports instead of 2023 Notice Canada Revenue Agency by 	ected to split pension income, please submit 2023 CRA Option C Summary of Assessments. You may request Option C Summary Reports from the contacting them at 1-800-959-8281.)
fully disclosed my total gross income f Manitoba Health if there are any chang documentation in respect to these cha	that the financial information I have provided in this form is complete. I have om all sources. Further, within the benefit year, I will notify Pharmacare, es in the declared projected gross income and I will provide any required ages. I understand that an audit may be conducted by Manitoba Health to vet tax year. If there is a discrepancy, my Pharmacare deductible will be effit years.	
Signature of Applicant	Signature of Spouse	
Date This wor	Date asheet must be signed to be considered complete.	
Phone: 204-786-7141	oa Pharmacare Program, please contact: or Toll free: 1-800-297-8099 se: 204-774-8618 outside Winnipeg: 711 or 1-800-855-0511	
This completed form, along with the reto:	quired supporting documentation, may be faxed to 204-786-6634, or submitte	∍d

Pharmacare Manitoba Health 300 Carlton Street Winnipeg, MB R3B 3M9

A signed and completed Projected Income Worksheet for the 2024/2025 Pharmacare Benefit Year, along with required supporting documentation, must be received in our office on or before March 31, 2025, in order to be considered for a reassessment.