



FORM A

RETURN BY MAIL TO: SASKATCHEWAN MINISTRY OF HEALTH Drug Plan & Extended Benefits Branch Operations Unit 3475 Albert Street Regina, Saskatchewan S4S 6X6 PHONE: 1-800-667-7581 or 306-787-3317 FAX: 306-787-8679

SENIORS' DRUG PLAN APPLICATION CRA CONSENT

- If you do not file income tax, please complete FORM B and provide required income documentation. Incomplete applications will result in delays in processing. Please ensure you have provided all information. Coverage is effective the date complete information is received, subject to approval.

APPLICANT SURNAME FIRST NAME CURRENT ADDRESS CITY POSTAL CODE DATE OF BIRTH (DD / MM / YYYY) PHONE NUMBER HEALTH SERVICES NUMBER (HSN) SOCIAL INSURANCE NUMBER (SIN)

DECLARATION AND CONSENT

By completing this form, I declare that my income from Line 236 is less than the eligibility amount used for the Federal Age Tax Credit. This consent authorizes Canada Revenue Agency (CRA) to provide Saskatchewan Ministry of Health with Line 236 for this and future years as long as you file income tax. Is the Power of Attorney (POA) signing on behalf of the applicant? YES NO I hereby consent to the release, by the Canada Revenue Agency to an official of the Saskatchewan Ministry of Health, of information from my income tax returns, and, if applicable, other required taxpayer information about me. This authorization is valid for the most relevant of the two taxation years prior to the year of signature. SIGNATURE OF APPLICANT DATE If applicable, SIGNATURE OF GUARDIAN / TRUSTEE / POWER OF ATTORNEY. DATE A Witness is necessary if Applicant signs with an "X" or a mark. PLEASE PRINT YOUR NAME IF GUARDIAN / TRUSTEE / POWER OF ATTORNEY DAYTIME CONTACT NUMBER OF GUARDIAN / TRUSTEE / POWER OF ATTORNEY