New Brunswick / Nouveau-Brunswick CANADA

New Brunswick Insulin Pump Program (NBIPP)
Application for Pump and Pump Supplies Coverage

The information collected below will be used to determine your eligibility for pump and pump supplies coverage under the New Brunswick Insulin Pump Program (NBIPP), managed and administered by the Department of Health and Vitalité Health Network (VHN). It may be used and disclosed in accordance with other provisions of the *Personal Health Information Privacy and Access Act*.

I, the client, am applying for:		
☐ Pump	☐ Pump Supplies	☐ Pump and Pump Supplies

SECTION 1.1 - CLIENT INFORMATION

Client Name		
Legal Given Name(s)	**Legal Last Name**	**Date of Birth**
		DD MM YYYY

Gender	**Language of Choice**	**NB Medicare #**
☐ Male ☐ Female ☐ X	☐ English ☐ French	

Current Mailing Address			
Apt #, Street # and Street Name	City-Town-Village	Province	Postal Code

Current Shipping Address (if different from above)			
Apt #, Street # and Street Name	City-Town-Village	Province	Postal Code

Telephone Numbers and Email		
Primary:	Alternate:	Email:

Section 1.2 – PARENT, LEGAL GUARDIAN, or SUBSTITUTE DECISION MAKER INFORMATION (Complete if you are applying for a dependant)

Clients 19 years of age or older must complete the application form themselves unless they do not have the capacity or have given legal authority for another person to act on their behalf.

Name of Parent, Legal Guardian, or Substitute Decision Maker	
Legal Given Name(s)	**Legal Last Name**

SECTION 2 – HOUSEHOLD INFORMATION

This information is being collected to determine household composition and household members contributing to total household income.

Please describe your household:	
☐ A single adult	☐ An adult and spouse/partner
☐ An adult and dependent child (children)	☐ An adult and spouse/partner, and dependent child (children)
☐ An adult and non-dependent child (children)	☐ An adult and spouse/partner, and non-dependent child (children)
☐ An adult and both dependent and non-dependent children	☐ An adult and spouse/partner, and both dependent and non-dependent child (children)
☐ Other; please describe:	

A **dependent child** is defined as a child of a person and/or a person's spouse/partner living in the same household who is:
- under 19 years of age and does not have a spouse **or**

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- 19 years of age or over, but under 25 years of age, is a full-time student and does not have a spouse. A student who resides outside of the parental home while attending school can be considered a dependent child. Additionally, a **dependant** is defined as a child, grandchild, parent, grandparent, brother, sister, uncle, aunt, niece, or nephew of a person and/or a person's spouse/partner living in the same household who depends on them for reasons of physical or mental impairment, and who meets the criteria for the Canada Caregiver Credit under the federal Income Tax Act. A child for whom child support is paid to another parent is considered a dependant of the paying parent, regardless of their primary family home.

SECTION 3 – DECLARATION OF HOUSEHOLD INCOME

This information is being collected for the purpose of determining the clients' eligibility for coverage and calculating the client/family co-pay contribution amount.

Note: With the exception of dependants (including dependent children) as defined above, household income considers all incomes of members of a household that are related by birth, common-law union, marriage, or adoption. **All incomes that contribute to the household income must be reported. Supporting documentation in the form of the Canada Revenue Agency (CRA) Notice of Assessment(s) for the most recent tax year must be submitted with the application**.

Declaration of Income		
Number of people living in household supported by household income: ____		
Number of people contributing to the household income: ____		
Household Member #1 (Refer to CRA Notice of Assessment):	Line 15 000	Line 43 500
Household Member #2 (Refer to CRA Notice of Assessment):	Line 15 000	Line 43 500
Household Member #3 (Refer to CRA Notice of Assessment):	Line 15 000	Line 43 500
Household Member #4 (Refer to CRA Notice of Assessment):	Line 15 000	Line 43 500

SECTION 4 – INSURANCE COVERAGE INFORMATION

Is the client currently covered with an insurance provider?		☐ YES ☐ NO	
Name of insurance company:			
Insurance Policy Number:			
Pump Coverage	☐ Yes ☐ No	Coverage Amount: ($) ________	% ________
Supplies Coverage	☐ Yes ☐ No	Coverage Amount: ($) ________	% ________

Is the client covered with an additional insurance provider?		☐ YES ☐ NO	
Name of insurance company:			
Insurance Policy Number:			
Pump Coverage	☐ Yes ☐ No	Coverage Amount: ($) ________	% ________
Supplies Coverage	☐ Yes ☐ No	Coverage Amount: ($) ________	% ________

SECTION 5 – DIABETES CARE PROVIDER INFORMATION

Endocrinologist, Internal Medicine Physician or Pediatrician that will submit Medical Eligibility Form			
Name:			
Telephone number:			
Apt #, Street # and Street Name	City-Town-Village	Province	Postal Code

Diabetes Clinic Client Attends (if applicable)
Location:

Note: The client's application will not be processed until the client's diabetes care provider submits the Confirmation of Medical Eligibility form to NBIPP.

SECTION 6 – Declaration, Authorization and Release of Personal Health Information

I understand that:

The information collected directly from me, on this form, may be disclosed with key partners for the purposes of administering the NBIPP. These partners include Vitalité Health Network (VHN), Horizon Health Network (HHN), New Brunswick Department of Health, the selected pump vendor, and if applicable, their approved subcontractor.

The NBIPP will inform the selected vendor and if applicable, their approved subcontractor, of the client/family contribution amount that will be required towards the purchase of the pump and supplies. The NBIPP will NOT disclose income or insurance information to the vendor or their subcontractor(s). The vendor and their approved subcontractor will provide the NBIPP with invoicing and shipping information and will report returns or discontinuation of supplies and/or insulin pumps as well as misuse of supplies.

Applications (including copies of CRA Notice of Assessments) and Confirmation of Medical Eligibility forms are stored in a secure filing system with access restricted to NBIPP authorized users and are destroyed (shredded) after a renewal application is processed or after one year if a client has withdrawn from the Program. Additionally, all information collected is captured and retained in the secure NBIPP database, with access limited to authorized users from NBIPP for the purposes of program administration, and from Department of Health to evaluate the Program and to identify opportunities for improvement.

NBIPP receives the Confirmation of Medical Eligibility form directly from the diabetes care provider(s), and as needed, the Program Coordinator will access information contained in provincial health information systems, including but not limited to the New Brunswick Prescription Drug Information System, to verify eligibility for the NBIPP

The Vendor and their approved subcontractor(s) may offer a variety of services such as access to a vendor supported website for personal health information and insulin pump data download and analysis. I understand that I use these services or resources at my own risk and the services and resources are not endorsed in whole or in part by the Government of New Brunswick (GNB), VHN, or the NBIPP.

Declaration and Authorization

By signing this application form, I confirm that:

I am applying on behalf of myself/my dependant to become a client of the NBIPP, and I am providing information on this form for this purpose. I understand that I can withdraw my/my dependant's application and cancel enrollment at any time.

The information provided on this form is true to the best of my knowledge. I understand that knowingly providing false or incomplete information may result in forfeiture of coverage under the NBIPP. I agree to notify the NBIPP immediately of any changes that may affect my/my dependant's coverage.

I authorize the NBIPP to collect, use and disclose my/my dependant's personal and private information as described above for as long as myself/my dependant remains a member of the NBIPP. I understand that I can revoke my consent at any time. Revoking my consent may prevent the NBIPP from providing me/my dependant with coverage.

I understand that I must pay the Client/Family Contribution amount to the vendor, and that if I fail to do so, the NBIPP contribution amount will not be provided to the vendor on my behalf.

I am aware that I must reapply annually or coverage under this program will cease. Prior to reapplying, myself (and my household/family members) income tax returns must have been filed for the previous year.

I authorize the NBIPP to communicate with me via email: NBIPP-PPINB@gnb.ca.

A parent, a legal guardian or a substitute decision maker can sign on behalf of the client if the client is:

- **less than 16 years of age, or**
- **between the ages of 16 and 18 (inclusive) and does not have the capacity to sign, or**
- **a dependant 19 years of age or older and does not have the capacity to sign or has given legal authority for another person to act on their behalf.**

____________________	____________________	____________________
Client Name (please print)	**Signature of Client, Parent, Legal Guardian or Substitute Decision Maker**	**Date (MM/DD/YYYY)**

Please submit copies of applicable CRA Notice of Assessment(s) for the most recent tax year to the NBIPP via email at NBIPP-PPINB@gnb.ca or by mail to:
NBIPP, Tracadie-Sheila Hospital, Po Box 3180, 400, rue des Hospitalières, Tracadie-Sheila, NB E1X 1G5.

Once your application is processed, you will receive notification of your acceptance to the NBIPP with your client/family co-pay contribution.

If you require assistance or have questions with respect to this form, or about the collection, use, or disclosure of this information please contact NBIPP by phone toll free at 1- 855-655-5525; or by email NBIPP-PPINB@gnb.ca; or visit the NBIPP website: New Brunswick Insulin Pump Program (IPP) (gnb.ca)