

? How to reach us

New Brunswick Drug Plan
 PO Box 690
 Moncton, NB E1C 8M7

Toll-Free Number: 1-855-540-7325
 Fax: 1-888-455-8322
 Website: gnb.ca/drugplan

1 Confirmation of identity

Last name: _____ First name: _____ Initial: _____

Plan ID or Medicare number: _____ Date of birth: DD ____ / MM ____ / YYYY _____

Gender: male female

2 Personal declaration, authorization and obligations (required)

By signing this form, I confirm that:

I consent to sharing personal health information with the New Brunswick Drug Plan, and am providing information on this form for this purpose.

I understand that I can withdraw my application and cancel my membership 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 is an offence.

I authorize the New Brunswick Drug Plan to collect my information from Medicare and other sources to verify the information on this form and to verify eligibility for the New Brunswick Drug Plan.

I agree to notify the New Brunswick Drug Plan immediately of any changes that may affect my coverage.

I understand that the personal information I provide, as well as any other personal information currently held or collected in the future, may be collected, used or disclosed to administer the New Brunswick Drug Plan.

I authorize the New Brunswick Drug Plan to collect, use and disclose my personal information as described above for as long as I remain a member of the New Brunswick Drug Plan.

I understand that I can revoke my consent at any time. In some instances, revoking my consent may prevent the New Brunswick Drug Plan from providing me with the requested coverage or benefits.

Name of Dependant (16 or older): _____

Signature of Dependant: _____ Date of signature: DD ____ / MM ____ / YYYY _____

The name and signature of a parent/guardian is required if:

- The applicant is between the ages of 16 and 18 (inclusive) and does not have the capacity to sign the personal declaration and authorization; or
- The applicant is 19 years of age or older and does not have the capacity to sign the personal declaration and authorization, or has given legal authority for another person to act on their behalf. Please attach a copy of the Power of Attorney for personal care.

This information is collected under the authority of the *Prescription and Catastrophic Drug Insurance Act*, SNB 2014, c 4, s 12 and s 13. This information will be used and disclosed to administer the New Brunswick Drug Plan. It may be used and disclosed in accordance with the *Personal Health Information Privacy and Access Act*, SNB 2009, c P-7.05. For more information regarding collection and use of personal information, visit www.gnb.ca/healthprivacy, or contact the New Brunswick Drug Plan at the address or telephone number shown above.