

SECTION 3 - Personal Declaration and Authorization

By signing this application form, I confirm that:

I am applying to become a member of the New Brunswick Prescription Drug Program and I 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 Prescription Drug Program to collect my information from Medicare and other sources to verify the information on this form and to verify eligibility for the New Brunswick Prescription Drug Program.

I authorize Employment and Social Development Canada to release to an official of the New Brunswick Department of Health and/or its Delivery Agent, information about my eligibility and entitlement to the Guaranteed Income Supplement, and, if applicable, other required administrative information about me, whether supplied by me or by a third party.

I agree to notify the New Brunswick Prescription Drug Program 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 Prescription Drug Program.

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

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

Sign Here X: _____

Date Signed:

D	D

M	M

Y	Y	Y	Y

Other Information

- Send your completed and signed form along with the required documentation by:

Mail

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

Fax

Moncton Area: 506-867-4872
Toll Free: 1-888-455-8322

- You will receive a letter once your form is reviewed and your eligibility is confirmed.
- If you have questions, please email info@nbdrugs-medicamentsnb.ca or call 1-800-332-3692.