Newfoundland Labrador

Government of Newfoundland and Labrador
Department of Health and Community Services

Newfoundland and Labrador Prescription Drug Program (NLPDP)

ACCESS PLAN	**ASSURANCE PLAN**
This plan provides prescription drug coverage to: • Single individuals with a total net income of $27,151 or less. • Couples with a total net income of $30,009 or less. • Families (including single parents) with a total net income of $42,870 or less. Qualifying applicants will be responsible for a co-payment between 20% and 70% of total prescription costs, depending on their income levels.	This plan provides prescription drug coverage to individuals/families where drug costs exceed: • 5% of net income for those who earn below $40,000. • 7.5% of net income for those who earn from $40,000 to under $75,000. • 10% of net income for those who earn from $75,000 to under $150,000. Qualifying applicants will be responsible for a co-payment depending on their income levels and drug costs.

PLEASE NOTE:

1. There is automatic eligibility for specified DENTAL SERVICES for dependents aged 13 to 17 of individuals/families who qualify for the Access Plan.

   Dental services are administered under the Newfoundland & Labrador Dental Health Plan

SECTION A FAMILY STATUS AND DRUG COSTS

1. What is your family status? (Please refer to Section C for the definition of "dependent children")
   ☐ Single ☐ Couple - with no dependent children ☐ Family - with dependent children (includes single parent families)
2. Are you applying for coverage under the **Access Plan?** ☐ Yes ☐ No
3. Are you applying for coverage under the **Assurance Plan?** ☐ Yes ☐ No
   If yes, please indicate your Yearly Total Family Drug Costs: $_____

To support your application under the Assurance Plan, you must attach either a pharmacy printout or a statement from your insurance company showing your yearly total family drug costs. If you are not already purchasing the drugs prescribed for you, alternate information is required – please refer to information sheet.

SECTION B PERSONAL INFORMATION (please print)

APPLICANT	**SPOUSE (if applicable)**
Surname	Surname
First Name Initial	First Name Initial
MCP Number	MCP Number
Date of Birth (yyyy – mm – dd)	Date of Birth (yyyy – mm – dd)
Gender ☐ Male ☐ Female	Gender ☐ Male ☐ Female

MAILING ADDRESS

Street / P.O. Box			Building/Apartment Number
City/Town	Province	Postal Code	Phone Number

SECTION C DEPENDENT INFORMATION - Include all dependent children living with you under the age of 18 or aged 18 to 20 and still attending high school. Please attach a confirmation letter from the school. Dependents living with you aged 18 or older but not attending high school, must complete their own application form.

(If more space is required, please attach a separate sheet)

Surname	First Name	Initial	Gender		Date of Birth								MCP Number											
			M	F	Year				Month		Day													

SECTION D PRIVATE DRUG INSURANCE/COVERAGE

Do you, your spouse or dependent children have drug insurance coverage with a private insurer? ☐ Yes ☐ No

Do your dependent children have dental Insurance coverage with a private insurer? ☐ Yes ☐ No

Name of Insurance Company (e.g. Blue Cross)

Policy Number	Family Members Covered

Terms of Coverage (e.g. insurance pays 80% of costs of prescription drugs)

SECTION E DECLARATION AND CONSENT

I declare that the information provided on this application is true and correct to the best of my knowledge. I understand that this information will be used to determine eligibility for a drug card with the Newfoundland and Labrador Prescription Drug Program (NLPDP) as well as eligibility for the Dental Health Program for dependents aged 13-17 of families who qualify for the Access Plan and may be subject to verification by officials of the Department of Health and Community Services.

For the purpose of verifying my eligibility for the drug program or dental program, and of auditing use of the drug card or dental coverage, I authorize the Department of Health and Community Services to obtain information from:

- My Employer regarding private insurance coverage.
- The Medical Care Plan (MCP) regarding my eligibility for provincial health benefits and release of my MCP number to be used for identification purposes on my drug card.
- Pharmacies, to access copies of prescriptions in order to verify claims billed to the NLPDP.
- Dentists, to verify claims billed to the Newfoundland and Labrador Dental Health Plan.

I agree to notify the Newfoundland and Labrador Prescription Drug Program of any change in my financial circumstances so that my level of coverage can be adjusted accordingly.

In order to verify financial information provided, I hereby consent to the release, by the Canada Revenue Agency to an official of the Department of Health and Community Services, of information from my income tax returns, and, if applicable, other required taxpayer information about me, including my dependent children, to be used solely for the purpose of determining and verifying my eligibility, entitlement for and the general administration and enforcement of the Newfoundland and Labrador Prescription Drug Program and will not be disclosed to any other person or organization without my approval.

This authorization is valid for the current taxation year and each subsequent consecutive taxation year for which I will be in receipt of assistance under the Newfoundland and Labrador Prescription Drug Program. I understand that if I wish to withdraw this consent, I may do so at any time by writing to the Regional Director at the address identified below.

_____ Printed Name of Applicant	_____ Printed Name of Spouse
_____ Signature of Applicant	_____ Signature of Spouse
_____ Social Insurance Number	_____ Social Insurance Number
_____ Date	_____ Date

Please mail completed applications to:	**Contact Information:**
Newfoundland and Labrador Prescription Drug Program Assessment Office P.O. Box 510 Stephenville, NL, A2N 3B4	Toll free: 1-888-859-3535 Toll free fax: 1-888-272-2444 E-mail: LIDPinfo@gov.nl.ca