

Seniors' Drug Plan Application

FORM B: Annual Application



- Completing Form B means that you must apply for the program each year.
- Provide a copy of your Notice of Assessment OR pages 1 to 4 of your Income Tax and Benefit Return showing Line 23600.
- If you do not file income tax, include a written explanation and provide documentation from all sources of income. (example: cheque stubs, T4 slips).
- Ensure you have provided all information. Incomplete applications will result in delays.
- Coverage is effective the date complete information is received, subject to approval.
- **Please print the form and sign.**

Please return to:
Drug Plan and Extended Benefits
3475 Albert Street
Regina, SK S4S 6X6
Phone: 306-787-3317
Fax: 306-787-8679
Email: DPEB@health.gov.sk.ca

Applicant

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Date of Birth (dd/mm/yyyy): _____

Health Services Number: _____

Social Insurance Number: _____

DECLARATION and CONSENT

Is the Power of Attorney (POA) signing on behalf of the applicant? _____

Yes No

If YES, then copies of the POA documents MUST be attached. NOTE: If a Trustee, Guardian or POA is signing for the Applicant, a copy of the legal document must be attached to this consent form. Due to the variety of POA documents, some may not be considered acceptable for CRA, such as a POA limited to a bank or financial institution.

"I declare that all the information I have provided is complete and correct in all respects and fully discloses my total income from all sources. I further consent to the use of this information by Saskatchewan Health for the purpose of determining my entitlement for other Health Care benefits or programs but will not be disclosed to any other person or organization without my approval."

Date: _____

Signature of APPLICANT _____

Date: _____

If applicable, signature of GUARDIAN / TRUSTEE / POWER OF ATTORNEY.

A witness is necessary if Applicant signs with an "X" or a mark.

Print name if GUARDIAN / TRUSTEE / POWER OF ATTORNEY _____

Daytime contact number of GUARDIAN / TRUSTEE / POWER OF ATTORNEY _____

08/2025