

Application for Ontario Drug Benefits

Before you begin:

You should apply to the TDP if:

- Your household spends a large portion of its income on prescription drugs, and
- You have a valid Ontario Health Card, and
- Your household does not have a private insurance plan or an employer that covers prescription drugs, or
- Your private insurance plan or employer does not cover all the costs of your household's prescription drugs.

Your application will be returned if:

- Any household member 16 years and over has not signed section 1 (on page 4) and section 2 (on pages 4 and 5) of the application
- The Private Insurance Coverage section on page 3 of the application is not completed

Send in your application as soon as possible. *If you are applying for the previous program year that ended July 31, then your application must be delivered or postmarked by September 30 in order to be accepted. See attached Guide, point #4 for more information.*

Household Members

Print clearly.

Person 1

Last name																	
First name						Middle name											
Health Number				Version		Sex		Date of birth									
						<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Y Y Y Y / M M / D D									
Social Insurance Number				Language choice				Net Income (18 years of age and older only)									
				<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> French				\$, .									
Universal Child Care benefit amount (if applicable)				Home telephone number													
\$, .				() -													
Work telephone number				Extension													
() -																	
Mailing address (street no., street name)												Apt. #					
City or town												Province		Postal Code			
												O N					

If the address above is a rural route, P.O. Box or General Delivery, give us your physical address.

Street number and name, lot, concession or township																	
City or town												Province		Postal Code			
												O N					

Household Members

By law, anyone who meets the definition of a member of a household unit must become part of your household's application to the TDP, even if they do not require drug benefits.

For the purpose of the TDP, the following people are included in our definition of a household unit:

- a single person living alone
- a spouse, common-law spouse or same-sex partner;
- children, parents or grandparents who live with you and rely on you or you on them for financial support,
- children who are students, who may not live with you but rely on you for financial support.

Print clearly.

Person 2

Last name											
First name				Middle name							
Health Number			Version		Sex		Date of birth				
					<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Y Y Y Y / M M / D D				
Social Insurance Number				Relationship to person #1				Net Income (18 years of age and older only)			
								\$, .			

Person 3

Last name											
First name				Middle name							
Health Number			Version		Sex		Date of birth				
					<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Y Y Y Y / M M / D D				
Social Insurance Number				Relationship to person #1				Net Income (18 years of age and older only)			
								\$, .			

Person 4

Last name											
First name				Middle name							
Health Number			Version		Sex		Date of birth				
					<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Y Y Y Y / M M / D D				
Social Insurance Number				Relationship to person #1				Net Income (18 years of age and older only)			
								\$, .			

If there are more than four household members to register in the Trillium Drug Program, list their names on a separate sheet of paper. Give us the same information as you did for Persons 1, 2, 3, and 4.

Enrolment Start Date

New TDP applicants can select the date their TDP coverage will start only in the first year they register with the program. New applicants can select any date between August 1st of the current year and July 31st of the following year. If the start date selected is after August 1st, the household deductible will be pro-rated based on the number of days remaining in the program year. *See attached Guide, point #5 for more information.*

Enrolment start date

Y	Y	Y	Y	/	M	M	/	D	D
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Choose carefully. You cannot change your enrolment start date once you have been enrolled in the Trillium Drug Program.

Private Insurance Drug Coverage

Does any household member have private insurance coverage that includes drug benefits?

Yes (complete the rest of this page)

No If you start a new insurance plan that includes drug benefits during the program year, you must inform the TDP immediately. Please provide the same information as required on this application form.

If no one in the household pays insurance premiums write \$0 in the "annual premium paid" box below. ▼

Insurance Plan #1

Name of insurance company

Annual premium paid

\$, .

Policy or plan number

Identification or certificate number

Coverage start date

Coverage end date

Which household member has this plan?

person 1 person 2 person 3 person 4 other

Which household members are covered by this plan?

person 1 person 2 person 3 person 4 all of them

If no one in the household pays insurance premiums write \$0 in the "annual premium paid" box below. ▼

Insurance Plan #2

Name of insurance company

Annual premium paid

\$, .

Policy or plan number

Identification or certificate number

Coverage start date

Coverage end date

Which household member has this plan?

person 1 person 2 person 3 person 4 other

Which household members are covered by this plan?

person 1 person 2 person 3 person 4 all of them

You must send a letter from the Insurance company, if, during the Trillium program year:

The letter from your private insurer must state:

- Your insurance coverage starts *the date coverage started*
- Your insurance coverage ends *the date coverage ended*
- You reach your annual or lifetime maximum if any *the date the coverage maximum was met and the reinstatement date*
- Your drug plan does not cover a particular drug(s) *the name of the drug(s) not covered*
- You pay a premium *the \$ amount you will pay annually*

(See attached Guide, point #6 for more information.)

