



Confirmation of PharmaCare Registration For BC residents only

Complete this form to provide confirmation that you are registered for BC Fair PharmaCare.

Under your drug plan through ICBA Benefits, if the insurance company does not have confirmation that you are registered with BC Fair Pharmacare, it will suspend claims payments when your family's claims reach a certain threshold each year. To avoid disruption in your claims under your drug plan, or to resume payment of your claims if they have been suspended, complete this form and submit it to ICBA Benefits.

BC Fair PharmaCare is a public plan that provides coverage for prescription drugs on the BC Formulary once your family has satisfied an annual deductible. The annual deductible amount is based on your family's net income.

To ensure sustainability of your drug plan through ICBA Benefits, it is important that you are registered for Fair PharmaCare to ensure that your drug plan is not paying for claims that could be paid by PharmaCare. When you purchase a prescription, the claim is automatically processed by PharmaCare.

Note, you only need to register for BC Fair PharmaCare one time. Each year, your annual deductible amount is adjusted based on your tax return from two years previous (e.g. 2018 deductible is based on your 2016 tax return).

Registration is easy and can be done online: [Register for Fair PharmaCare](#)

If you've already registered, but don't know your registration number, you can find it online here:

[Fair PharmaCare registration number](#)

Questions about Fair Pharmacare registration: Call Health Insurance BC at 604 683-7151 (lower mainland) or toll-free 1 800 663-7100.

Employer (name of company/organization)	Policy/Group/Client No.										
Your Legal Name (last, first)	Certificate No.										
PharmaCare Registration Number A - <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											Your Email Address or Daytime Phone No.
I certify that I/my family are registered for BC Fair PharmaCare, and the information provided in this form is true and complete. <div style="display: flex; justify-content: space-between;"> Signature Date signed (mm/dd/yyyy) </div>											

Return completed form to ICBA Benefits via email (indicate the policy number in the Subject line), or by mail.
If you email the form, do not also send the original by mail.

