

Application for Trillium Drug Program (TDP)

The Trillium Drug Program (TDP) benefit year is **from August 1 to July 31 of the next calendar year.**

To be enrolled, applications must be postmarked by Canada Post on or before September 30 of the same year as the benefit year (August 1 - July 31) ends. For example, for the benefit year which starts August 1, 2013 and ends July 31 of 2014, applications must be postmarked on or before September 30 of 2014.

You should apply 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 that covers prescription drugs, or you have a private insurance plan but it does not cover all the costs of your household's prescription drugs.

Your application will not be accepted if it does not include:

- Two signatures for everyone in your household 16 years of age or older in Section 4 of this application,
- The completed Private Insurance Coverage section, and
- All supporting documents that are required to be submitted with this application before the deadline.

Fields marked with an asterisk (*) are required.

Section 1 – Enrolment Start Date [\(Click here for Guidelines\)](#)

First-time TDP applicants can select the date their TDP coverage will start, which means that your deductible will be pro-rated based on the number of days remaining in the program year of **August 1 to July 31** of the next calendar year.

Enrolment Start Date _____ (i.e. Date of First Prescription)

If no date is indicated, the TDP year start date of August 1 will be used, and your deductible will be calculated for the full program year. **You cannot change your enrolment start date once you have been enrolled in the Trillium Drug Program.** To consider the best date to use as your enrolment start date, see the [Guide to Understanding the Trillium Drug Program](#).

Section 2 – Household Members [\(Click here for Guidelines\)](#)

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 purposes of the TDP, the following people are included in the definition of a household unit:

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

Household Member 1 – Contact Person (all mail will be directed to this person)

Legal Last Name *		Legal First Name *		Legal Middle Initial
Health Number *	Version Code	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd) *	Social Insurance Number *

Mailing Address

Unit Number	Street Number *	Street Name *	PO Box
City/Town *		Province ON	Postal Code *
Telephone Numbers *		Work / Cell ext.	

Residential Address (if the above is a rural PO Box or General Delivery, please provide your physical address)

Street Number	Street Name, Lot, Concession or Township		
City/Town	Province ON	Postal Code	

Section 2 – Household Members (continued) [\(Click here for Guidelines\)](#)

Household Member 2

Legal Last Name *		Legal First Name *		Legal Middle Initial
Health Number *	Version Code	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd) *	Social Insurance Number *
Relationship to Contact Person (Household Member 1) *				

Household Member 3

Legal Last Name *		Legal First Name *		Legal Middle Initial
Health Number *	Version Code	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd) *	Social Insurance Number *
Relationship to Contact Person (Household Member 1) *				

Household Member 4

Legal Last Name *		Legal First Name *		Legal Middle Initial
Health Number *	Version Code	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd) *	Social Insurance Number *
Relationship to Contact Person (Household Member 1) *				

Section 3 – Private Insurance Drug Coverage [\(Click here for Guidelines\)](#)

Does any household member have private insurance coverage that includes drug benefits? (Your application will not be processed if you have not checked one of the boxes below.) *

No household members have private insurance (If you start a new insurance plan that includes drug benefits during the program year, you must inform TDP immediately and provide the same information as required on this application form).

Yes, household members DO have private insurance.

Section 4 – Signatures (All Household Signatures for Members 16 and Over are Required)

[\(Click here for Guidelines\)](#)

All household members 16 years and over must sign both the Declaration and Consent below.

[See the Guide to Understanding the Trillium Drug Program for more information.](#)

Signature 1 – Declaration

By signing this application, I confirm that:

- I am applying for the Ontario Drug Benefits Program through the Trillium Drug Program and that I am providing information on this application form for this purpose,
- I understand that I can withdraw my application at anytime,
- The information on this application and its attachments provided are true, correct and complete to the best of my knowledge,
- I understand that I must immediately notify the Trillium Drug Program in writing of any changes to household members, private insurance coverage, or any changes affecting the amount of my household income given in this application,
- The Ministry of Health and Long-Term Care or its agents may collect any information from any source to verify the information in this application (all information is kept strictly confidential), and
- The address given on page 1 will be the official address to be used by the Ministry of Health and Long-Term Care for all household members listed on this application.

Person 1
Signature

X

Date (yyyy/mm/dd)

Person 2 Signature X	Date (yyyy/mm/dd)
Person 3 Signature X	Date (yyyy/mm/dd)
Person 4 Signature X	Date (yyyy/mm/dd)

Signature 2 – Consent for Canada Revenue Agency (CRA) to release my Income Information to the Ministry

I authorize for the Canada Revenue Agency (CRA) to release to the Ministry of Health and Long-Term Care information from my income tax returns and other required taxpayer information whether supplied by me or a third party. The information will be relevant to, and used solely for the purpose of determining and verifying eligibility, including determining appropriate deductible amounts, and for the administration of the Trillium Drug Program of the Ontario Drug Benefit Program under the *Ontario Drug Benefit Act*, and will not be disclosed to any other person or organization without my approval, except as required or permitted by law. This authorization is valid for the most recently available of the two taxation years prior to signing this consent and each subsequent consecutive taxation year for which assistance under the *Ontario Drug Benefit Act* may be requested and determined. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Trillium Drug Program, PO Box 337, Station D, Etobicoke ON M9A 4X3.

Person 1 Signature X	Date (yyyy/mm/dd)	<input type="checkbox"/> I decline to give CRA consent and have attached my proof of income, and acknowledge I will need to provide my proof of income each year to renew with TDP.
Person 2 Signature X	Date (yyyy/mm/dd)	<input type="checkbox"/> I decline to give CRA consent and have attached my proof of income, and acknowledge I will need to provide my proof of income each year to renew with TDP.
Person 3 Signature X	Date (yyyy/mm/dd)	<input type="checkbox"/> I decline to give CRA consent and have attached my proof of income, and acknowledge I will need to provide my proof of income each year to renew with TDP.
Person 4 Signature X	Date (yyyy/mm/dd)	<input type="checkbox"/> I decline to give CRA consent and have attached my proof of income, and acknowledge I will need to provide my proof of income each year to renew with TDP.

*If the signature is not that of the person listed, include the signatory's name and identify the category in the space below. Attach supporting documents, as appropriate.

Categories for Signatory Identification

- | | | |
|------------------------------------|--|------------------------------|
| 1. Person's Guardian of property | 3. Person's Attorney under continuing power of attorney for property | 5. Substitute Decision Maker |
| 2. Person's Guardian of the person | 4. Person's Attorney under power of attorney for personal care | |

Signatory for Person Person 1 Person 2 Person 3 Person 4

Last Name of Signatory	First Name of Signatory	Identify Category of Signatory (see categories in box above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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The Ministry of Health and Long-Term Care collects information about prescriptions to:

- help pharmacists fill their customers' prescriptions safely and effectively,
- review trends, and
- ensure that health programs meet the needs of people in Ontario.

This information is collected under the authority of the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sched. A (PHIPA) and Section 13 of the *Ontario Drug Benefit Act*, R.S.O. 1990, c.O.10. This information will be used and disclosed to administer the Trillium Drug Benefit Program and the Ontario Drug Benefit Program. It may be used and disclosed in accordance with PHIPA, as set out in the Ministry of Health and Long-Term Care "Statement of Information Practices" which may be accessed at

http://www.health.gov.on.ca/en/common/legislation/priv_legislation/docs/stat_info_practices.pdf.

For more information regarding the collection and use of personal information, write to the Director, Exceptional Access Program Branch, Ministry of Health and Long-Term Care, at 5700 Yonge Street, 3rd Floor, Toronto, ON M2K 4K5 or call 1 800 575-5386.

In Toronto, call 416 642-3038.

