



**NEW BRUNSWICK
CLEFT PALATE PROGRAM
APPLICATION FORM**

New Brunswick Cleft Palate Program is a dental plan that provides coverage for **specified dental benefits** to a child born with a cleft of the hard palate who is 18 years of age or under and in a family with a total annual net income (after taxes) less than the limits listed below:

<u>Family Size</u>	<u>Income</u>	<u>Family Size</u>	<u>Income</u>	<u>Family Size</u>	<u>Income</u>
2 People	\$22,020	4 People	\$31,142	6 People	\$38,141
3 People	\$26,969	5 People	\$34,817	7 People	\$41,196

PART I - ELIGIBILITY CRITERIA

To be eligible you must:

- currently reside in New Brunswick.
- have dependent child born with a cleft of the hard palate aged 18 years or under.
- not have dental coverage through any other government program or private insurance plan.

Documents to be provided:

- copy of New Brunswick Income Tax return(s) or Notice of Assessment(s) for parent/guardian and spouse or common-law partner (if applicable).

PART II - DENTAL INSURANCE COVERAGE

Do you, your spouse/common-law partner, or dependent children currently have dental insurance coverage through Healthy Smiles, Clear Vision Plan or a private insurer?

- Yes Name of Insurer: _____ Policy number: _____
- No

PART III - APPLICATION INFORMATION (Please Print)

Client Information

Name	Date of Birth (Day/Month/Year)	Gender (M or F)	NB Medicare Number

Residency - Are you a resident of New Brunswick? Yes No

Mailing Address (P.O. Box #, Street, Rural Route, City, Province, Postal Code): _____

Home Address (if Different from Mailing Address) at the time of application (P.O. Box #, Street, Rural Route, City, Province, Postal Code): _____

Parent/Guardian Information

Last Name: _____ First Name: _____ Middle Name: _____

Social Insurance Number: _____ Medicare Number: _____

Telephone Number: _____ Alternate Number: _____

Other Dependant Information

Name	Date of Birth (Day/Month/Year)

PART IV - TOTAL ANNUAL NET INCOME

Please provide copy of New Brunswick Income Tax return(s) or Notice of Assessment(s) for parent/guardian (and spouse or common-law partner, if applicable).

Are you living with a spouse or common-law partner? Yes No

If yes, name of spouse or common-law partner: _____

Spouse/common-law partner's Social Insurance Number: _____

1. Parent/Guardian's Income		← (Line 23600 of Notice of Assessment or Income Tax Return from previous year)
2. Spouse or Common-Law Partner's Income (if applicable)		← (Line 23600 of spouse's or common-law partner's Notice of Assessment or Income Tax Return from previous year)
Total combined net income from previous year		← Add lines 1 & 2

PART V - DECLARATION AND CONSENT

I/We declare that the information provided on this application is accurate and true to the best of my/our knowledge.

I/We understand that giving false or incomplete information may result in termination or suspension of benefits.

I/We understand that this information will be used to determine eligibility for dental coverage under the New Brunswick Cleft Palate Program and may be subject to verification by officials of Medavie Blue Cross.

I/We understand that eligibility for the New Brunswick Cleft Palate Program is based on annual net income and, therefore, I/we must reapply for each phase of treatment.

I/We consent to Medavie Blue Cross using the information provided on this application, including my/our Social Insurance Number(s) and on any document attached, for the purpose of verifying eligibility for the New Brunswick Cleft Palate Program. This includes sharing the information with the Canada Revenue Agency and any other entity identified by Medavie Blue Cross and collecting information from those entities.

Name of Applicant (please print): _____

Signature of Applicant: _____ Date: _____

Name of Spouse/Common-Law partner (if applicable) (please print): _____

Signature of Spouse/Common-Law partner (if applicable): _____ Date: _____

For office use only:

Please mail or fax completed application along with the pre-authorization form to:

New Brunswick Cleft Palate Program
644 Main Street
P.O. Box 220
Moncton, NB E1C 8L3
Fax: 1-506-867-4651

Contact Information:

Toll Free Number: 1-888-273-0666