

? How to reach us

Please mail or fax completed application to:
Healthy Smiles, Clear Vision
 644 Main Street, P.O. Box 220
 Moncton, NB, E1C 8L3
 Fax: 506-867-4651

Contact Information
 Telephone number: 506-867-6026
 Toll free number: 1-855-839-9229

? Plan Information

Healthy Smiles, Clear Vision is a dental and vision plan that provides coverage for **specified dental and vision benefits** to children who are 18 years of age and under in families with a total annual net income (after taxes) less than the limits listed below:

Family Size	Income	Family Size	Income	Family Size	Income
2 people.....	\$35,683	5 people.....	\$56,419	7 people.....	\$66,756
3 people.....	\$43,702	6 people.....	\$61,804	8 people.....	\$71,365
4 people.....	\$50,463				

Note: Children 19 years of age or older are not included when determining family size.

? Eligibility Criteria

To be eligible for full coverage you must:

- currently reside in New Brunswick.
- have dependent child(ren) aged 18 years or under.
- have your dependent child(ren) enrolled under the Federal Canadian Dental Care Plan (CDCP).
- not have any other dental and vision coverage through other government programs or private insurance plans.

Document 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).

1 Parent/Guardian Information (please print)

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

Medicare Number: _____ Telephone Number: _____

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

Are you a newcomer to Canada who has not yet filed a Canadian income tax return? ☐ Yes ☐ No

ADDRESS

Building number and street: _____ Apt.: _____

City/town: _____ Province: _____ Postal code:

Dependents: Please include all dependent children 18 years or under residing with you.
 (If more space is required, please attach separate sheet).

Last Name	First Name	Date of Birth (Day/Month/Year)	New Brunswick Medicare Number

2 Health Insurance Coverage*

Are your dependent children currently enrolled in the Canadian Dental Care Plan (CDCP)?

☐ Yes

☐ No Please note: If your children are not enrolled in the CDCP, the Healthy Smiles, Clear Vision program will only pay the remaining amount of the claim as though CDCP coverage had been applied.

Do your dependent children currently have health insurance coverage through a government program or private insurer?

☐ Yes Name of government program or private insurer: _____

☐ No

Does the policy include coverage for dental and/or vision benefits?

☐ Yes If yes, please indicate: ☐ Dental coverage ☐ Vision coverage ☐ Both

☐ No

* Please note: For children with dental and vision coverage through the Department of Social Development, those benefits are provided through the *Healthy Smiles, Clear Vision* program. As such, Social Development clients do not need to apply for coverage under this plan.

3 Total Annual Net Income

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

Do you have a spouse or common-law partner?

☐ Yes Name of spouse or common-law partner: _____

☐ No

Total combined net income from previous year		← Line 23600 of Notice of Assessment or Income Tax Return from the previous year for both you and your spouse (if applicable). Please provide a copy.
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4 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 and vision coverage under the **Healthy Smiles, Clear Vision** plan and may be subject to verification by officials of Medavie Blue Cross.

I/We understand that eligibility for the **Healthy Smiles, Clear Vision** plan is based on annual net income and, therefore, I/we must reapply on a yearly basis.

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 **Healthy Smiles, Clear Vision** plan. 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: _____