



# Premium Payable Under the Québec Prescription Drug Insurance Plan

If **any** of the situations listed below applied to you in **2015**, you do not have to complete this schedule or pay a premium, but you must enter the number corresponding to your situation in box 449 of your return. If you wish to pay your spouse's premium, complete this schedule.

You were covered **throughout the year** by basic prescription drug insurance provided by a group insurance plan (see line 447 in the guide)

- of which you were a member; 14
- of which your spouse, your father or your mother was a member. 16

You received social assistance payments (last-resort financial assistance benefits) **throughout the year**. 18

Your spouse has provided the required information about you in section 2 of Part B of his or her Schedule K and has chosen to pay your premium (if applicable). 20

- Throughout the year**, you were
- in the situation described on line 53 below; 22
  - in the situation described on line 55 below; 24
  - in the situation described on line 56 below. 26

You were born before January 1, 1950, you did not have a spouse in 2015, and the amount of net federal supplements on line 148 of your return is **more than \$8,695**. 27

You were born before January 1, 1950, you had a spouse **throughout 2015**, your spouse was born before January 1, 1950, and the amount of net federal supplements on line 148 of your return is **more than \$5,766**. 28

You were born before January 1, 1950, you had a spouse **throughout 2015**, and either

- your spouse was born before January 1, 1955, but after December 31, 1950, and the amount of net federal supplements on line 148 of your return is **more than \$5,321**; or 29
- your spouse was born after December 31, 1955, and the amount of net federal supplements on line 148 of your return is **more than \$8,092**. 31

You did not have a spouse on December 31, 2015, and the amount on line 275 of your return is **\$15,360 or less**. 32

You were born before January 1, 1950, and you were in situation 33, described in Work chart 448 (the work charts are grouped together after the schedules). 33

You had a spouse on December 31, 2015, and the amount on line 275 of your return plus the amount on line 275 of your spouse's return totals **\$24,890 or less**. 34

You were born in 1950 and you were in situation 35, described in Work chart 448 (the work charts are grouped together after the schedules). 35

## A. Income used to calculate the premium

Amount from line 275 of your return		36	
Amount from line 275 of your spouse's return (spouse on December 31, 2015)	+	37	
Add lines 36 and 37.		= 40	
If you had a spouse on December 31, 2015, enter <b>\$24,890</b> ; otherwise, enter <b>\$15,360</b> . <span style="float: right;">41</span>			
If you <b>had a spouse</b> on December 31, 2015, and you had a <b>dependent child</b> (see line 447 in the guide for the definition), enter <b>\$3,320</b> . If you had more than one dependent child, enter <b>\$6,385</b> . <span style="float: right;">42</span>			
If you <b>did not have a spouse</b> on December 31, 2015, but you had a <b>dependent child</b> (see line 447 in the guide for the definition), enter <b>\$9,530</b> . If you had more than one dependent child, enter <b>\$12,850</b> . <span style="float: right;">44</span>			
Add line 41 and, as applicable, line 42 or line 44.		= 46	
Subtract line 46 from line 40. If the result is <b>negative</b> , enter 0. In this case, you do not have to pay a premium.			
<b>Income used to calculate the premium</b>		= 48	

## B. Number of months for which you do not have to pay a premium

<b>1</b>	<b>You</b>	<p><b>Were you in any of the situations listed below in 2015?</b> If so, check <b>Yes</b> for each applicable situation and check the month(s) in which you were in the situation(s) described (for at least one day). Do not check the same month more than once.</p> <p>You were covered by basic prescription drug insurance provided by a group insurance plan (see line 447 in the guide) of which you, your spouse, your father or your mother was a member, and this plan covered the cost of medications. <span style="float: right;">50</span></p> <p>You held a valid claim slip issued by the Ministère du Travail, de l'Emploi et de la Solidarité sociale. <span style="float: right;">51</span></p> <p>You received social assistance payments (last-resort financial assistance benefits). <span style="float: right;">52</span></p> <p>You were under 18 and were not married. <span style="float: right;">53</span></p> <p>You were at least 18 but under 26, attended an educational institution on a full-time basis and did not have a spouse (see line 447 in the guide). <span style="float: right;">54</span></p> <p>You were an Indian registered with Aboriginal Affairs and Northern Development Canada (AANDC) or were recognized as an Inuk by that department. <span style="float: right;">55</span></p> <p>You were a beneficiary under the James Bay and Northern Québec Agreement or the Northeastern Québec Agreement. <span style="float: right;">56</span></p> <p>You were in a residential and long-term care centre governed by the <i>Act respecting health services and social services</i>. <span style="float: right;">57</span></p> <p>You had a functional impairment that had existed <b>since before you turned 18</b> (see line 447 in the guide). <span style="float: right;">58</span></p> <p>You were in a situation described under "Other situations" at line 447 in the guide. <span style="float: right;">59</span></p>	<p><b>Month(s) in question</b></p> <p><input type="checkbox"/> January</p> <p><input type="checkbox"/> February</p> <p><input type="checkbox"/> March</p> <p><input type="checkbox"/> April</p> <p><input type="checkbox"/> May</p> <p><input type="checkbox"/> June</p> <p><input type="checkbox"/> July</p> <p><input type="checkbox"/> August</p> <p><input type="checkbox"/> September</p> <p><input type="checkbox"/> October</p> <p><input type="checkbox"/> November</p> <p><input type="checkbox"/> December</p>
<p>Number of months checked from January to June <span style="float: right;">60</span></p> <p>Number of months checked from July to December <span style="float: right;">61</span></p> <p>Add boxes 60 and 61. <span style="float: right;">62</span></p>			

Complete section 2 (on the next page) if you wish to pay your spouse's premium.

Continued on the next page



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**2**  
**Your spouse**

**Was your spouse on December 31, 2015, in any of the situations listed below in 2015?**

If so, check **Yes** for each applicable situation and check the month(s) in which your spouse was in the situation(s) described (for at least one day). Do not check the same month more than once.

- Your spouse was covered by basic prescription drug insurance provided by a group insurance plan (see line 447 in the guide) of which you, your spouse, your spouse's father or your spouse's mother was a member, and this plan covered the cost of medications.
- Your spouse held a valid claim slip issued by the Ministère du Travail, de l'Emploi et de la Solidarité sociale.
- Your spouse received social assistance payments (last-resort financial assistance benefits).
- Your spouse was under 18 and was not married.
- Your spouse was at least 18 but under 26 years of age, attended an educational institution on a full-time basis and did not have a spouse (see line 447 in the guide).
- Your spouse was an Indian registered with AANDC or was recognized as an Inuk by that department.
- Your spouse was a beneficiary under the James Bay and Northern Québec Agreement or the Northeastern Québec Agreement.
- Your spouse was in a residential and long-term care centre governed by the *Act respecting health services and social services*.
- Your spouse had a functional impairment that had existed **since before he or she turned 18** (see line 447 in the guide).
- Your spouse was in a situation described under "Other situations" at line 447 in the guide.

**Yes**

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**Month(s) in question**

January

February

March

April

May

June

July

August

September

October

November

December

Number of months checked from January to June  + Number of months checked from July to December  = Add boxes 74 and 75.

**C. Premium payable under the Québec prescription drug insurance plan**

If the amount on line 48 (income used to calculate the premium)

- is **\$5,000 or less**, complete only **column A** of the table corresponding to your situation;
- is **more than \$5,000 but not more than \$14,735**, complete only **column B** of the table corresponding to your situation;
- is **more than \$14,735**, enter \$640 on line 84.

Person who **did not have a spouse** on December 31

Person who **had a spouse** on December 31

	A		B		A		B	
Amount from line 48 (see the instructions above)	77							
Subtract line 78 from line 77.	78	0,000	00	5,000	00	0,000	00	5,000
Multiply line 79 by line 80.	79							
Add lines 81 and 82 (maximum \$640).	80	6.48%		9.75%		3.28%		4.89%
	81							
	82	000	00	324	00	000	00	164
	83							

Amount from line 83 of column **A** or **B**, as applicable

Amount from line 84  x Number of months entered in box 62  ÷ 12  ▶

Subtract line 85 from line 84.  =

Number of months entered in box 60  x \$50.92

Number of months entered in box 61  x \$53.33  +

Add the results.  =  ▶

Subtract line 88 from line 87.  =

Enter the amount from line 86 or line 89, **whichever is less**.  ▶

If you wish to pay your spouse's premium, complete lines 91 through 97.

Amount from line 84

Amount from line 91  x Number of months entered in box 76  ÷ 12  ▶

Subtract line 92 from line 91.  =

Number of months entered in box 74  x \$50.92

Number of months entered in box 75  x \$53.33  +

Add the results.  =  ▶

Subtract line 95 from line 94.  =

Enter the amount from line 93 or line 96, **whichever is less**.  +

Add lines 90 and 97.

Carry the result to line 447 of your return. **Premium payable under the Québec prescription drug insurance plan** =

Enclose a copy of this schedule with your return.



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