



If any of the situations listed below applied to you in **2020**, 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 (including payments under the Aim for Employment Program) **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**, one of the following applied to you:
- the situation described on line 53 below; 22
  - the situation described on line 55 below; or 24
  - the situation described on line 56 below. 26

You were born before January 1, 1955, you did not have a spouse in 2020, and the amount of net federal supplements on line 148 of your return is **more than \$10,447**.<sup>1</sup> 27

You were born before January 1, 1955, you had a spouse **throughout 2020**, your spouse was also born before January 1, 1955, and the amount of net federal supplements on line 148 of your return is **more than \$6,261**.<sup>1</sup> 28

You were born before January 1, 1955, you had a spouse **throughout 2020**, and either:

- your spouse was born before January 1, 1960, but after December 31, 1955, and the amount of net federal supplements on line 148 of your return is **more than \$5,778**.<sup>1</sup> 29
- your spouse was born after December 31, 1960, and the amount of net federal supplements on line 148 of your return is **more than \$9,751**.<sup>1</sup> 31

You did not have a spouse on December 31, 2020, and the amount on line 275 of your return is **\$16,660 or less**. 32

You were born before January 1, 1955, and situation 33 applied to you (see line 447 in the guide). 33

You had a spouse on December 31, 2020, and the amount on line 275 of your return plus the amount on line 275 of your spouse's return totals **\$27,010 or less**. 34

You were born in 1955 and situation 35 applied to you (see line 447 in the guide). 35

1. In addition, the total of your monthly Guaranteed Income Supplement (GIS) payments is at least 94% of the maximum for the year calculated without the top-up benefit.

## 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, 2020)	+	37	
Add lines 36 and 37.	=	40	
If you had a spouse on December 31, 2020, enter <b>\$27,010</b> ; otherwise, enter <b>\$16,660</b> .	41		
If you <b>had a spouse</b> on December 31, 2020, and you had a <b>dependent child</b> (see line 447 in the guide for the definition), enter <b>\$3,530</b> . If you had more than one dependent child, enter <b>\$6,790</b> .	+ 42		
If you <b>did not have a spouse</b> on December 31, 2020, but you had a <b>dependent child</b> (see line 447 in the guide for the definition), enter <b>\$10,350</b> . If you had more than one dependent child, enter <b>\$13,880</b> .	+ 44		
Add line 41 and, as applicable, line 42 or line 44.	= 46		
Subtract line 46 from line 40. If the result is negative, enter 0. <b>In this case, you do not have to pay a premium.</b>	-	46	
<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> You	<b>Did any of the following apply in 2020?</b> If so, check <b>Yes</b> for each applicable situation and check the month(s) for which the situation(s) applied to you (for at least one day). Do not check the same month more than once.		
	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.	50	Yes <input type="checkbox"/>
	You held a valid claim slip issued by the Ministère du Travail, de l'Emploi et de la Solidarité sociale.	51	<input type="checkbox"/>
	You received social assistance payments (including payments under the Aim for Employment Program). You were under 18 and not married.	52	<input type="checkbox"/>
	You were at least 18 but under 26, attended an educational institution on a full-time basis and, at the time, did not have a spouse (see line 447 in the guide).	53	<input type="checkbox"/>
	You were an Indian registered with Indigenous Services Canada (ISC) or were recognized as an Inuk by that department.	54	<input type="checkbox"/>
	You were a beneficiary under the James Bay and Northern Québec Agreement or the Northeastern Québec Agreement.	55	<input type="checkbox"/>
	You were in a residential and long-term care centre (CHSLD) governed by the <i>Act respecting health services and social services</i> .	56	<input type="checkbox"/>
	You had a functional impairment that occurred <b>before you turned 18</b> (see line 447 in the guide).	57	<input type="checkbox"/>
	One of the situations described under "Other situations" at line 447 in the guide applied to you.	58	<input type="checkbox"/>
		59	<input type="checkbox"/>
	Number of months checked from <b>January to June</b> <span style="float: right;">60</span>	+	Number of months checked from <b>July to December</b> <span style="float: right;">61</span>
		=	Add boxes 60 and 61. <span style="float: right;">62</span>

- Month(s)**
- January
  - February
  - March
  - April
  - May
  - June
  - July
  - August
  - September
  - October
  - November
  - December

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

**Continued on the next page.**



**2**  
**Your spouse**

**In 2020, did any of following apply to your spouse on December 31?**

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

	Yes	Month(s)
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.	64 <input type="checkbox"/>	<input type="checkbox"/> January
Your spouse held a valid claim slip issued by the Ministère du Travail, de l'Emploi et de la Solidarité sociale.	65 <input type="checkbox"/>	<input type="checkbox"/> February
Your spouse received social assistance payments (including payments under the Aim for Employment Program).	66 <input type="checkbox"/>	<input type="checkbox"/> March
Your spouse was under 18 and not married at the time.	67 <input type="checkbox"/>	<input type="checkbox"/> April
		<input type="checkbox"/> May
Your spouse was at least 18 but under 26, attended an educational institution on a full-time basis and, at the time, did not have a spouse (see line 447 in the guide).	68 <input type="checkbox"/>	<input type="checkbox"/> June
		<input type="checkbox"/> July
Your spouse was an Indian registered with ISC or was recognized as an Inuk by that department.	69 <input type="checkbox"/>	<input type="checkbox"/> August
		<input type="checkbox"/> September
Your spouse was a beneficiary under the James Bay and Northern Québec Agreement or the Northeastern Québec Agreement.	70 <input type="checkbox"/>	<input type="checkbox"/> October
Your spouse was in a residential and long-term care centre (CHSLD) governed by the <i>Act respecting health services and social services</i> .	71 <input type="checkbox"/>	<input type="checkbox"/> November
Your spouse had a functional impairment that occurred <b>before he or she turned 18</b> (see line 447 in the guide).	72 <input type="checkbox"/>	<input type="checkbox"/> December
One of the situations described under "Other situations" at line 447 in the guide applied to your spouse.	73 <input type="checkbox"/>	

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 \$14,601**, complete only **column B** of the table corresponding to your situation;
- is **more than \$14,601**, enter **\$648** on line 84.

	Individual <b>without</b> a spouse on December 31		Individual <b>with</b> 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	78	0,000 00
Multiply line 79 by line 80.	79		79	
Add lines 81 and 82 (maximum: \$648).	80	6.65%	80	3.34%
	81		81	
	82	000 00	82	167 00
	83		83	

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

Amount from line 84  × Number of months entered in box 62  ÷ 12 =

Subtract line 85 from line 84.

Number of months entered in box 60  × \$53.00

Number of months entered in box 61  × \$54.00 +

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  × Number of months entered in box 76  ÷ 12 =

Subtract line 92 from line 91.

Number of months entered in box 74  × \$53.00

Number of months entered in box 75  × \$54.00 +

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.

