

IMPORTANT INFORMATION

This personal information is being collected under the authority of the Government of the Northwest Territories Extended Health Benefits Policy and Directive and will be used to determine program benefit entitlement. This information is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Department of Health and Social Services (see contact information provided on this form).

In order to apply for the Extended Health Benefits Program, you must have a valid NWT Health Care Plan No.

NOTE: If more space is required, enter additional information on a separate sheet of paper and attach it to this application.

1. You must access employer or similar plans first.
2. If employer information should change, please notify: Benefits Co-ordinator, Health Benefits, Health Services Administration, Department of Health and Social Services, GNWT, Bag #9, Inuvik, NT X0E 0T0. Fax (867) 777-3197, Tel (867) 777-7400, Toll Free 1-800-661-0830.

APPLICANT

Surname	Given Name(s)	Init.	Birthdate (y/m/d)	H.C.P. Number
Mailing Address		City/Community	Postal Code	Phone Number ()
Spouse/Common Law			Phone Number ()	H.C.P. Number

EMPLOYMENT STATUS

DESCRIPTION	APPLICANT	SPOUSE/Common LAW
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Employer's Name (If Government, give Department)		
Employer's Address		
Employer's Phone Number	()	()
Are you covered under a medical group insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name of plan		

APPLICANT'S DECLARATION

I hereby certify that the information given is true, correct and complete to the best of my knowledge. I consent to the release of my personal information to the Extended Health Benefits program for the purposes of determining initial and continued eligibility for extended health benefits coverage.

X

Applicant's Signature

Date (y/m/d)

RETURN COMPLETED FORM TO:

Department of Health and Social Services
HEALTH BENEFIT PROGRAMS
BAG #9, INUVIK NT X0E 0T0

Phone: (867) 777-7400
Toll Free: 1-800-661-0830