



Health Care Coverage Renewal Application

- > List all family members that live at the current address that require **Health Care Coverage**. Family members, other than spouse, who are over 19, must complete and sign their own application.
- > Additional forms are available at your local Health Centre or Health Services Administration office.

Residential Address
Mailing Address

1	Name - Last	First	Middle
		Date of birth - D/M/Y	
2	Name - Last	First	Middle
		Date of birth - D/M/Y	
3	Name - Last	First	Middle
		Date of birth - D/M/Y	
4	Name - Last	First	Middle
		Date of birth - D/M/Y	
5	Name - Last	First	Middle
		Date of birth - D/M/Y	
6	Name - Last	First	Middle
		Date of birth - D/M/Y	
7	Name - Last	First	Middle
		Date of birth - D/M/Y	
8	Name - Last	First	Middle
		Date of birth - D/M/Y	

NWT2186/0710

The personal information is being collected under the authority of the *NWT Medical Care Act* (sections 27 - 29) and *Hospital Insurance Act and Health and Social Services Administration Act* and will be used to receive insured services. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection or the use of this information, contact: **Health Services Administration, P.O. Box 9, Inuvik, NT, X0E 0T0, or call: 1-800-661-0830 (toll free) or (867) 777-7400 or fax (867) 777-3197.**

According to the *NWT Medical Care Act* (sections 27 - 29):

- No person shall knowingly obtain or receive insured services to which he or she is not entitled to under this Act;
- No person shall aid or abet another person in obtaining insured services; and
- Every person who contravenes this Act or the Regulations is guilty of an offense and liable on summary of conviction to a fine or imprisonment or both.

By signing this Health Care Renewal Application, you are confirming that the information provided above is true and correct.

Completed by: (please print)		X	Signature	Date - d/m/y
Phone - Work	Phone - Home			
Email:				

Moving?

If you are moving, the Post Office will not forward your Health Care Card to your new address. To ensure you receive your Health Care Card, notify the Health Services Administration office with your new mailing address.

Questions? 1-800-661-0830 or (867) 777-7400

Services in official languages are available at your community health center.

Ce document est disponible en français. Pour l'obtenir, veuillez téléphoner au numéro ci-dessus.

- Please Read -

Temporary Absence outside of the Northwest Territories:

If someone from your household is temporarily living outside of the Northwest Territories for more than 90 days due to work, medical, school or travel, they must complete a **Temporary Absence Form**. The Temporary Absence Form is available from the Health Services Administration office or from our Web Site:

www.hlthss.gov.nt.ca, (see Application Forms, under Publications)

People Living in Long-term Care Facilities:

The appropriate guardian/agency (e.g. social services or public guardian) must notify the Health Services Administration office with a list of clients in their care and where their clients are located.

Failure to Apply for Health Care:

If you do not apply for Health Care Coverage your coverage will end on the expiry date listed on your card. To reactivate your Health Care Coverage, you will be required to reapply and provide us with:

- Rent receipts, lease agreement or letter from a private landlord, or confirmation from a financial institution that you have a mortgage for local residential property; or
- Utility, power, oil, property tax and/or phone bills; or
- Confirmation from Revenue Canada that you filed a NWT Income Tax return.

Name Change:

If you had a name change due to divorce, marriage, adoption, legal change of name or adding/altering given names, you are required to provide one or more of the following:

- Birth certificate
- Adoption order
- Legal change of name order
- Marriage certificate
- Divorce certificate and birth certificate verifying maiden name

Immigrant:

If your immigration status has changed in the past year, you must provide a copy of:

- Your updated visa and your student or employment authorization; or,
- Your confirmation of landing document; or,
- Your proof of Canadian citizenship documents.

Change in Status (Ethnicity):

If your ethnicity status is incorrect and you wish to correct it, please provide one of the following:

- Inuit Status - Letter from appropriate Inuit organization confirming your Inuit Status: Inuvialuit beneficiaries call (867) 777-7015; Nunavut beneficiaries call (867) 645-5416.
- Indian Status - A copy of your treaty card or a letter from DIAND confirming your treaty status and showing your registry/treaty number. Contact DIAND at 1-888-414-4340 or (867) 669-2622.
- Indigenous Métis Status - If you are not already registered, contact Metis Health Benefits at 1-800-661-0830 for an application.
- Métis Status - A copy of your Métis card or a letter from your Métis Local confirming your Métis Status.

Questions? Contact:

Health Services Administration
Department of Health & Social Services
P.O. Box 9, Inuvik, NT, X0E 0T0
Phone: 1-800-661-0830 or (867) 777-7400