

Name of Applicant:

Date of Birth:

NWT HCP Number:

***List of Spouse/Partner/Dependents:**

Date of Birth:

NWT HCP Number:

*Will the above be residing with you out of the territory during your temporary absence? YES NO

*Will they/he/she remain in the NWT? YES NO

Reason for Absence - Check (✓) Reason Below:

Medical *provide a copy of the Medical Referral with date leaving and expected date of return*

School *provide a copy of your Acceptance Letter with your course outline or a letter from the Registrar's Office confirming your FULL-TIME attendance*

Work *provide your employer's name, address and phone/fax number as a contact reference.*

*Traveling/Holidays - Where To?: _____
(*If different from Temporary Out of Territory Address Below)

Date Leaving: _____

Expected Date of Return: _____

Permanent NWT Address/Phone Number:

Temporary Out of Territory Address/Phone Number:

Email: _____

Signature: _____

Date: _____

Do you require Health Care card(s): Yes No

Note: Your Card will be mailed to your Permanent NWT mailing address.

NOTE: THIS PERSONAL INFORMATION IS BEING COLLECTED UNDER THE AUTHORITY OF THE *MEDICAL CARE ACT* FOR THE PURPOSES OF DETERMINING PROGRAM ELIGIBILITY. 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, CONTACT THE *REGISTRATIONS SPECIALIST* AT THE ADDRESS LISTED BELOW:

**Registrations Section
Health Services Administration
Department of Health & Social Services
Government of the NWT
Bag #9
Inuvik, NT X0E 0T0**

**Phone: (867) 777-7418/7411 • Fax: (867) 777-3197
Toll-free: 1-800-661-0830 (within Canada only)**