

Name	Effective Date	Nunavut Health Care Number
------	----------------	----------------------------

For Office Use Only

## Application for Nunavut Health Care Coverage

**Important:** Please read the back of this application for more registration information



Department of Health

Applicants moving to Nunavut from within Canada must attach a clear copy of the following to this form; Birth Certificate & Health Care Card (from the Province / Territory you are currently registered in)

You may also be requested to provide additional information such as: employment contract and or proof of residency documents

Applicants moving to Nunavut **from outside Canada** must attach a copy of official Immigration Documents. (Readable photocopies of originals will be accepted)

**For further detailed information on this application or other programs, please visit our website - [www.health.gov.nu.ca](http://www.health.gov.nu.ca)**

**A: Name of Person to be Registered for Health Coverage** (must be a permanent resident) \* In the "Ethnicity" box, enter one of the following numbers: 1 - Inuit 2 - Registered Indian 3 - All Others

(Please Print) Surname	Given Name(s)	Sex	Ethnicity	Birth Date d/m/y	Prev Prov	Previous Health Care Plan Number

If you entered # 1 or #2 in the "ethnicity" box, please refer to Section I for clarification.

**B: Mailing Address & Contact Numbers (Cannot accept General Delivery address in Iqaluit)**

Mailing Address: PO Box / Community / Territory / Postal Code -

e-mail Address	Home Phone	Employer Name & Phone Number

**C: To avoid delays, please answer ALL of the following questions (Please Print)**

- How long do you plan to live in Nunavut?  Permanently  Temporarily until ..... (d/m/y)
- Have you moved to Nunavut from outside Canada?  YES  NO (If YES, refer to Section E for more details)
- When did you arrive in Nunavut? ..... (d/m/y)
- Reason for move to Nunavut.  WORK  STUDY  OTHER .....
- Have all your immediate family members moved with you to Nunavut?  YES  NO If NO, Please explain when they will join you (see Section G)
- Have you recently left one of the following; Canadian Armed Forces - Federal Penitentiary?  YES  NO If YES, date of discharge .....(d/m/y)

**D: Declaration**

I declare that the information given is correct. **It is an offence to give false information for the purposes of obtaining coverage under the Nunavut Health Care Plan.**

▼ Check One If applicant is under 19 years of age, this form must be signed by a parent or legal guardian.

Applicant

Parent

Legal Guardian

Please Print Name Signature Date

#### **E: Required Immigration Documents**

If you do not have Canadian Citizenship, immigration documents are required when applying for Nunavut Health Care. Other documentation may be requested for verification purposes. Good quality photocopies will be accepted.

#### **F: Individuals Not Eligible for Nunavut Health Coverage**

- ▶ Tourists, Transients, and Visitors
- ▶ Temporary, Term and Seasonal Positions - A position of employment of less than 12 consecutive months.
- ▶ Members of the Canadian Armed Forces and/or NATO Forces
- ▶ Inmates - Of a Federal Penitentiary
- ▶ Canadian Students - Moving to NU to enroll in an educational institute in Nunavut.
- ▶ Students - From outside Canada holding a Visa of less than 12 months
- ▶ Certified Refugees or Refugees Claimants
- ▶ Individuals holding an Employment Visa of less than 12 months
- ▶ Individuals holding a Minister's Permit (exceptions may apply)

#### **G: Families Not Moving Together**

In the case of a permanent move, where one spouse moves from Province A to Nunavut in advance of the rest of the family, the spouse having moved, will be looked on as temporarily absent from Province A until the rest of the family arrives (without exceeding a period of twelve months).

In the case of a dependant (child) remaining in Province A for educational purposes and both parents have moved to Nunavut, the dependant's residence for health insurance purposes goes with the parents' residence. Documentation must be provided that validates the claim that the dependant is attending an educational facility.

#### **H: Changes to Personal Information**

It is important that the Health Care Registrations Department be notified of any changes to name, ethnicity and/or address, including temporary residency outside of Nunavut. A "Request for Change" form (Green) may be obtained from a Health Center, Public Health office or Hospital located in Nunavut.

#### **I: Verification of Ethnicity**

Individuals who indicate Inuit or Registered Indian ethnicity must provide in the case of Inuit, a Beneficiary Card, and in the case of Registered Indians, a DIAND card. If these documents cannot be provided, the applicant will be registered as "Non-Aboriginal" until the Registrations Department has been notified. Failure to register as Inuit or Registered Indian may result in the loss of Non-Insured Health Benefits, therefore it is important to provide the necessary documentation with the application.

#### **J: Effective Date of Health Care Coverage**

Health coverage may become effective on the 1st day of the 3rd month providing you meet all eligibility requirements.

**Send the completed application or direct any inquiries to the address listed below**

**We cannot accept faxed applications. You must mail your application to the address below.**

Department of Health  
Health Insurance Programs  
Government of Nunavut  
Attention: Health Care Registrations Department  
BOX 889  
Rankin Inlet, Nunavut (NU) X0C 0G0  
1- 800 - 661-0833  
email: [nhip@gov.nu.ca](mailto:nhip@gov.nu.ca)  
Website: [www.health.gov.nu.ca](http://www.health.gov.nu.ca)

**Reminder: Carry your Health Care Card with you at all times**



Department of Health