

Name	Effective Date	Nunavut Health Care Number
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For Office Use Only ▲

### Request for Change

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

Any changes to a name must have the supporting documentation for example, a Marriage License or Birth Certificate  
A change to ethnicity must be accompanied by supporting documentation for example, a Beneficiary Enrollment Card/Letter

**Important:** Please fill out application in English

**A: Reason for Change** (To avoid delays, complete sections A through C and D if applicable. For more information refer to sections F through J on the reverse side)

Card Replacement (Lost  Failed to Renew Health Care  )
  Change to Personal Information
  Change of Address (Temporary  Permanent  )

(Please Print) Surname	Given Name(s)	Sex	Ethnicity	Birth Date d/m/y	Nunavut Health Care Plan Number
If you entered #2 Registered Indian, please provide a readable copy of your DIAND card with this application.					
Is the change due to one of the following? <input type="checkbox"/> Marriage <input type="checkbox"/> Custom Adoption <input type="checkbox"/> Spelling Error Correction <input type="checkbox"/> Change to Ethnicity					

**C: Change to Permanent Mailing Address & Contact Numbers**

PO Box / Community / Territory / Postal Code		
e-mail address	Home Phone	Work Phone

**D: Temporary Address Outside of Nunavut** (See Section I For required documents)

PO Box / Community / Territory / Postal Code	Reason for Temporary Absence from Nunavut: <input type="checkbox"/> Schooling <input type="checkbox"/> Extended Vacation <input type="checkbox"/> Employment <input type="checkbox"/> Medical <input type="checkbox"/> Other (Please explain)
e-mail address	Phone Number
Date of Departure	Date of Return

**E: 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.**  
If applicant is under 19 years of age, this form must be signed by a parent or legal guardian.

Check one

Applicant  
 Parent  
 Legal Guardian

Please Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



*[Handwritten mark]*

If you have lost your card or did not receive your card in the mail, you may request a replacement card. Failure to renew your health care will result in the loss of health care coverage and you may be required to pay for services. If you have been living elsewhere and are returning to Nunavut, please complete the "Application for Nunavut Health Coverage" (B form).

#### G: Change of Name

To change your name, a birth certificate, marriage certificate, divorce decree or legal document from the court, will be accepted as proof of a name change. Please note; a marriage certificate cannot change your child(ren's) surname, a birth certificate indicating the change is required. For information and assistance in obtaining a birth certificate, contact the Vital Statistics department at the address and phone number listed below.

#### H: Change to Ethnicity (Required Documents)

Inuit: A letter or card from the appropriate Canadian Inuit registrar. Example; The Nunavut Tunngavik Incorporated (NTI) Land Claims Beneficiary Enrollment officer, located in Rankin Inlet @ 1-888-236-5400.

Status Indian: A letter from Ottawa indicating that the individual has been reinstated under Bill C-31

or A readable photocopy of the band card

or A letter from the Department of Indian & Northern Affairs.

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.

#### I: Temporary Absence from Nunavut

Nunavut residents who are temporarily outside of Nunavut for periods of up to twelve months continue to be covered by the Nunavut Health Care Plan. Written notification must be submitted to the registrations department for any period of absence in excess of 90 days.

Residents who do not return to Nunavut to reside, on or before the first day of the thirteenth month, risk losing their Nunavut Health Care Plan coverage. The exception would be students studying outside of Nunavut who must provide a letter of enrollment from the educational institution for each school year.

#### J: Permanent Move from Nunavut

If you have made a permanent move from Nunavut, please apply for that province or territory's health care coverage within three months of arrival.

Please note; Non-Insured Health Benefits are available to all eligible recipients regardless of which province or territory they may be residing in, therefore there is no need to maintain Nunavut health coverage if making a permanent move elsewhere.

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

**If you fax the application Do Not mail in the original**

Department of Health & Social Services

Health Insurance Programs

Government of Nunavut

Attention: Health Care Registrations Department

Bag 003

Rankin Inlet, Nunavut (NT) X0C 0G0

Phone: 867-645-8028 Toll Free: 1-800-661-0833

Fax: 1-867-645-8092

email: [nhip@gov.nu.ca](mailto:nhip@gov.nu.ca)

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

Department of Health & Social Services

