

NORTHWEST TERRITORIES HEALTH CARE CARD RENEWAL FORM

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL AREAS USING INK.
THIS FORM CAN BE EMAILED TO HSA@GOV.NT.CA, FAXED TO 867-777-3197 OR MAILED TO THE ADDRESS ON PAGE 2.
FORMS WILL ONLY BE ACCEPTED WITHIN 4 MONTHS OF EXPIRY DATE.

**Please complete SECTION A to renew your or your dependent's health care card.
Persons 19 years of age or older must complete their own renewal form.**

SECTION A

Last Name on Card:		First and Middle Names:	
Home Street Address (required):		Mailing Address, if different from Home Street Address:	
City/Town/Hamlet:	Postal Code:	City/Town/Hamlet:	Postal Code:
NWT Health Care Card Number:		Date of Birth: mm/dd/yyyy	

I confirm that:

- I intend to continue making the Northwest Territories my primary residence.
- I will be physically present in the Northwest Territories for at least 181 days (6 months plus a day) in any 12 month period to retain NWT Health Care coverage.
- The information I have provided on this form is true and accurate.

I understand that:

- If there is any change in my name, address, ethnicity or immigration status, or if I am temporarily absent from the NWT, I will inform Health Services Administration within 30 days.
- It is an offence to knowingly provide false information in, or in relation to, this application.

Signature of (please check applicable box):		Date: mm/dd/yyyy
<input type="checkbox"/> Applicant <input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Other		Email address:
X _____ Note: Persons 19 years of age and older must sign their renewal form.		

Name (please print):	Home Telephone #:	Work #:	Cell #:
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ONLY complete SECTION B if the person named on the card in Section A is currently registered on an Extended Health Benefit Program (EHB Specified Disease or EHB Senior) or Métis Health Benefit Program.

SECTION B

Please Check Applicable Box: Métis Health Benefit Program Specified Disease Program Seniors Program

Description	Applicant (or parent or guardian if person named above is a dependent)	Spouse (or other parent or guardian if person named above is a dependent)
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name:		
Employer's Telephone #:		
Are you eligible for benefits under your Employer's or another 3rd Party Insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", specify name of plan and insurance details:	Name of Employer's or other 3rd Party Insurance Plan:	Name of Employer's or other 3rd Party Insurance Plan:
	_____ Medical Plan #: Dental Plan #:	_____ Medical Plan #: Dental Plan #:

Please call us at 1-800-661-0830 (toll free) if you have any questions about this form or if your insurance information, provided in Section B, has changed within the last 3 years.

This personal information is being collected under the authority of the *Medical Care Act* and the *Hospital Insurance and Health and Social Services Administration Act* and will be used to determine eligibility for insured and supplementary health benefits. It is protected under the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, contact Health Services Administration at 1-800-661-0830 (toll free) or (867) 777-7400.

– 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.hss.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 Aboriginal Affairs and Northern Development Canada confirming your treaty status and showing your registry/treaty number. Contact Aboriginal Affairs and Northern Development Canada 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 and Social Services
Bag Service #9, Inuvik, NT X0E 0T0
Phone: 1-800-661-0830 or (867) 777-7400
Fax: (867) 777-3197
Email: hsa@gov.nt.ca

