

# Non-Insured Health Benefits Check List for Personal Reimbursements

If you have purchased an item that is a benefit under the Non-Insured Health Benefits program and are seeking reimbursement, the following checklist must be completed in order for the claim to be processed.

If any of the requirements are missing, then the claim will be returned to you unprocessed.

Claims must be submitted within one year of the purchase.

Please make the reimbursement payable to:

**Name:** .....

**Date of Birth:** .....

**Health Care Number:** .....

**Mailing Address:** .....

.....

.....

**Phone Number:** .....

Where you can be reached during the day

**Proof of Payment:** Must be the *Original cash register receipt.*

If you unable to provide a cash register receipt, please indicate reason why:

Lost Receipt     Paid by someone else (Please explain)     Other (Please Explain)

.....

**Original Receipt from Provider** i.e. Taxi, Hotel, meals

.....  
Signature of Claimant

.....  
Date

Send this claim directly to ►

**Nunavut Health Insurance Programs**  
Dept of Health  
Box 889  
Rankin Inlet, NU  
X0C 0G0

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