

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



Department of Health

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

**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     Change to Personal Information     Change of Address (Temporary  Permanent

**B: Change to Personal Information** (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	Nunavut Health Care Plan Number
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If you entered #1 or #2 in the "ethnicity" box, please see Section H

Is the change due to one of the following?    Marriage    Custom Adoption    Spelling Error Correction    Change to Ethnicity

**C: Change to Mailing Address & Contact Numbers** (will not accept General Delivery address for Iqaluit)

PO Box / Community / Territory / Postal Code

e-mail address	Home Phone	Work Phone
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**D: Temporary Address Outside of Nunavut** (See Section I For required documents)

PO Box / Community / Territory / Postal Code

Reason for Temporary Absence from Nunavut:

Schooling    Extended Vacation    Employment    Medical    Other (Please explain)

e-mail address	Phone Number	Date of Departure..... Date of Return .....
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**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.**

▼ 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

**F: Replacement Health Care Card**

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" (Blue) 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.

#### 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

Written notification must be submitted to the registrations department for any period of absence over 90 days  
Students studying outside of Nunavut are required to provide proof of fulltime enrollment in post secondary 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

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  
Phone: 867-645-8028 Toll Free: 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