

NWT APPLICATION FOR HEALTH CARE

For Newborns, please complete the NWT Application for Health Care - Newborn.

How to Complete this Form:

To help us process your application quickly, please write clearly in UPPERCASE LETTERS inside the boxes using **black or blue ink** only.

FIRST NAME

You can also complete the electronic form found at www.hss.gov.nt.ca.

The electronic form cannot be submitted online. If completed electronically, please print the form, sign and then mail or scan and email to Health Services Administration.

You must complete all the questions asked for each applicant or dependent.

For detailed information, please visit www.hss.gov.nt.ca.

Notes on Eligibility Requirements:

- A person must be a resident to be eligible for Northwest Territories (NWT) Health Care.
- A resident means a person who is lawfully entitled to be or to remain in Canada, who makes his or her home and is ordinarily present in the NWT; but does not include a tourist, transient or visitor to the Territories.
- Ordinarily present means physically present in the NWT for at least 153 days during each calendar year.

Please Note:

You do not need to apply for a health care card if you have come to work/live in the NWT temporarily (up to 12 months). The health care card from your home province/territory can be used when you go to a doctor/hospital/health centre while you are in the NWT. Your home province/territory will be billed directly for these services, so you will not have to pay out-of-pocket. See important information in Section F at the end of the Application Form.

Questions?

Call Health Services Administration

1-800-661-0830

healthcarecard@gov.nt.ca

Visit www.hss.gov.nt.ca

Formulaire disponible en français. Translation into other NWT official languages will be provided upon reasonable request.

DOCUMENT CHECKLIST – NWT APPLICATION FOR HEALTH CARE

You must send the following documents in with your application form. There will be delays in processing your application if you do not include all the required documents.

Check all boxes once you enclose the item in the envelope.

| | |
|--|--------------------------|
| 1. Application for Health Care The applicant must complete the form. The applicant applies for his or her own health care card and can also apply for family members by completing Section D. If Section D is completed, the spouse or partner must also sign the form in Section E. <ul style="list-style-type: none">• If you are not the parent, but are a legal guardian, please include a copy of the court document. | <input type="checkbox"/> |
| 2. Legal Right to be in Canada (See Section C.) For Canadian Citizens: <ul style="list-style-type: none">• A copy of your birth certificate from a Canadian province or territory; or• A copy of your valid Canadian Passport or Canadian Citizenship Certificate. For Permanent Residents/Landed Immigrants: <ul style="list-style-type: none">• A copy of your Permanent Resident Card (front and back). For Foreign Nationals: <ul style="list-style-type: none">• A copy of your Study Permit (confirmation of enrollment is required); or• A copy of your Work Permit or other document issued by Immigration Canada. Please Note: Your name on the supporting document must match the name on the application. | <input type="checkbox"/> |
| 3. Residency Provide copies of two valid documents from the following list. The documents you send in must show your name and current home address to confirm that the NWT is your place of residence: <ul style="list-style-type: none">• Signed mortgage, rental or lease agreement;• Rent receipt;• Letter from private or government landlord;• One utility bill (e.g. telephone, cable, water, gas, oil or power);• Property tax form;• Revenue Canada form (NWT Income Tax Return showing Northern Residency);• Proof of employment (e.g. letter from your employer or pay stub). If you have moved to the NWT and intend to stay here for more than a year, but you cannot get two documents from this list, provide a: <ul style="list-style-type: none">• Residency Statutory Declaration (www.hss.gov.nt.ca); and• A letter from a personal reference confirming that you are an NWT resident. Contact Health Services Administration at 1-800-661-0830 if you have questions. | <input type="checkbox"/> |
| 4. Aboriginal Status (Check if Applicable) If you indicate that you are First Nations, Inuvialuit, Inuit or Métis, please provide relevant documentation: <ul style="list-style-type: none">• A copy of your status card (front and back) or a letter from Aboriginal Affairs and Northern Development Canada (AANDC);• A copy of a letter from the applicable Inuvialuit/Inuit Registrar;• A copy of your Métis card (front and back) or a letter from a Métis Association or a Métis Local in Canada or NWT. Please Note: In order to be eligible for the Métis Health Benefit (MHB) program, you must apply separately. Go to www.hss.gov.nt.ca for the application form and details on eligibility criteria for the MHB program. | <input type="checkbox"/> |
| 5. This Document Checklist | <input type="checkbox"/> |

Mail to: Health Services Administration
Department of Health and Social Services
Bag #9, Inuvik NT X0E 0T0

Fax to: 1-867-777-3197
OR
Email to: healthcarecard@gov.nt.ca

NWT APPLICATION FOR HEALTH CARE

This personal information is being collected under the authority of the health care benefits program and will be used to register you in the NWT Health Care Plan, if eligible. It is protected by the privacy provisions of NWT privacy legislation. If you have any questions about the collection or use of this information, contact the Manager, Health Care Eligibility at 1-800-661-0830.

A. Applicant Information (See Checklist, Item #1)

| | | | |
|----------------------------|--|-------------|--|
| Last Name | First Name | Middle Name | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Date of Birth (mm/dd/yyyy) | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law | | Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French |

Home Address (must be provided)

Apartment, Street Number and Name, P.O. Box

City/Town/Village

Province/Territory

Postal Code

Mailing Address (if different from home address)

Apartment, Street Number and Name, P.O. Box

City/Town/Village

Province/Territory

Postal Code

Home Phone Number
()

Work Phone Number
()

Cell Phone Number
()

Email Address

Why are you applying?

☐ New NWT Resident
☐ Returning to the NWT

☐ Discharged from the Canadian Armed Forces
Date discharged (mm/dd/yyyy)

☐ Released from federal penitentiary
Date discharged (mm/dd/yyyy)

B. New or Returning Resident to the NWT

Have you ever had an NWT Health Care Number? ☐ Yes ☐ No

If yes, what was the number (if known)?

I moved from the NWT on (mm/dd/yyyy):

Where did you move from? (Apartment, Street Number and Name)

City/Town/Village

Province/Territory

Country

When did you leave this address? (mm/dd/yyyy)

If you moved from another part of Canada, were you covered by a government health care plan? ☐ Yes ☐ No

If yes, what was your health card number (if known)?

When did you move to the NWT? (mm/dd/yyyy)

Is this a permanent move?

☐ Yes (over 12 months) ☐ No (under 12 months)

C. Citizenship or Immigration Status (See Checklist, Items #2 and #4)

- ☐ Canadian Citizen (CC)
☐ Permanent Resident (PR) (Landed Immigrant)
☐ Work Permit (WP)
☐ Study Permit (SP)
☐ Convention Refugee/Protected Person (CR)
☐ Other (specify): _____

- If Aboriginal:
- ☐ First Nations (FN)
☐ Inuvialuit/Inuit (IN)
☐ Métis (M)

D. Spouse/Partner and Dependent Information (See Checklist, Item #1)

Complete this section, if applicable.

Please check this box if not applicable: ☐

A dependent is a child under 19 years of age who is living with you; and who is not married or in a common-law relationship.

Did your spouse/dependents accompany you?

☐ Yes ☐ No If no, please provide Date of Arrival of Spouse (mm/dd/yyyy): _____

List below all the members of your household (spouse and dependents) that have accompanied you to the NWT or who will be joining you.

| Last Name | Given Name(s) First and Middle | Date of Birth (mm/dd/yyyy) | Gender | Citizen/Immigration | Aboriginal Status |
|-----------|-----------------------------------|-------------------------------|---|--|--|
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> CC <input type="checkbox"/> PR <input type="checkbox"/> WP <input type="checkbox"/> SP <input type="checkbox"/> CR <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> FN <input type="checkbox"/> IN <input type="checkbox"/> M |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> CC <input type="checkbox"/> PR <input type="checkbox"/> WP <input type="checkbox"/> SP <input type="checkbox"/> CR <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> FN <input type="checkbox"/> IN <input type="checkbox"/> M |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> CC <input type="checkbox"/> PR <input type="checkbox"/> WP <input type="checkbox"/> SP <input type="checkbox"/> CR <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> FN <input type="checkbox"/> IN <input type="checkbox"/> M |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> CC <input type="checkbox"/> PR <input type="checkbox"/> WP <input type="checkbox"/> SP <input type="checkbox"/> CR <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> FN <input type="checkbox"/> IN <input type="checkbox"/> M |

*If you run out of space, please list the information on a separate sheet.

E. Applicant/Spouse Declaration (See Checklist, Item #1)**I confirm that:**

- I have moved to the NWT and intend to make my home here for more than 12 months;
- I will be physically present in the NWT for at least 5 months (153 days) a year;
- The information that I have given in this application and in the documents I have provided is true and accurate; and
- I consent to officials in the Health Services Administration office verifying this information with immigration authorities, government departments, and other persons as appropriate.

I understand that:

- If there is a change in my name, address, citizenship or immigration status, I will tell the Health Services Administration office within 30 days;
- I must complete a *Temporary Absence Form* if I will be out of the NWT for more than 3 consecutive months; and
- It is an offence to obtain or receive insured services to which I am not entitled.

Signature of ☐ Applicant ☐ Parent ☐ Legal Guardian

X _____ / _____
Signature Date signed

If applicable,

X _____ / _____
Signature of spouse/partner Date signed

F. Important Information

TERM EMPLOYMENT AND NOT INTENDING TO LIVE IN NWT FOR MORE THAN A YEAR:

You do not need to apply for health care if you have come to work/live in the NWT temporarily (up to 12 months). The health care card from your home province/territory can be used when you go to a doctor/hospital/health centre while you are in the NWT. Your home province/territory will be billed directly for these services, so you will not have to pay out-of-pocket.

Please note: Check with your employer to see if you have medical travel benefits. If you do not, it is recommended that you obtain travel insurance to cover you in case you need emergency medical travel.

EFFECTIVE DATE OF BENEFITS:

If you moved permanently to the NWT from another province or territory, coverage will start on the first day of the third month after arriving, in most cases. Contact Health Services Administration if you have any questions.

CHANGE OF NAME OR ADDRESS:

Health Services Administration must be notified immediately of any changes to your name and address. You can get the notice form at www.hss.gov.nt.ca

TEMPORARY ABSENCE FROM THE NWT:

If you are planning on being out of the NWT for more than 3 months, without becoming a permanent resident elsewhere, complete a *Temporary Absence Form* to ensure that your health care coverage is not interrupted. You can get the notice form at www.hss.gov.nt.ca

Additional documentation is required if you are temporarily absent because you are a:

- **OUT-OF-TERRITORY STUDENT:** If you are going to a post-secondary school outside of the NWT, provide documentation that shows you are enrolled full-time (as defined by the school) or a copy of the Student Financial Assistance approval.
- **HIGH PERFORMANCE ATHLETE:** If you are training out-of-territory, provide documentation showing that you have received a grant from the NWT High Performance Athlete Program, and a letter from the National Sporting Organization or National Sporting Association Certified Coach.
- **SNOWBIRD:** If you leave the NWT for long winter vacations, provide a copy of the northern allowance section of your income tax form (you can black-out financial information) and a statutory declaration affirming you are an NWT resident. Get the statutory declaration at www.hss.gov.nt.ca

TRAVEL INSURANCE:

It is recommended that you obtain travel insurance when you travel. For residents travelling outside of Canada, the cost of medically necessary services needed for an emergency or sudden illness will be provided at NWT rates only, in Canadian currency. **The cost for health services may be considerably higher outside Canada.** You will be responsible for paying the difference between the fee charged and the amount reimbursed by Health Services Administration.

When travelling elsewhere in Canada, your NWT Health Care Card covers you for medically necessary services provided by a doctor or in a hospital, but **does not cover** all expenses, such as ambulance or medevac fees.