Northwest Territories Health and Social Services

Health Services Administration - Department of Health and Social Services
Bag #9, Inuvik, NT X0E 0T0
Toll-free: 1-800-661-0830 • Phone: (867) 777-7400 • Fax: (867) 777-3197

ADDRESS CHANGE FORM

NOTE: This personal information is being collected under the authority of the *Medical Care Act* and will be used only to update the information on your health care card. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Department of Health and Social Services at the address listed above.

APPLICANT INFORMATION (Please Print Clearly)

Surname	First Name	Middle Name(s)

Birthdate (dd/mm/yyyy)	Gender	Health Care Plan Number
	❑ Male ❑ Female	

Old Address	Mailing Address	City/Town/Village	Postal Code

Residential Street Address

New Address	Mailing Address	City/Town/Village	Postal Code

Residential Street Address	Work Phone No.	Home Phone No.
	( )	( )

List family members who have moved to the same new address - Include spouse/common-law and any dependants (19 yrs and under):

Surname	First Name	Middle Name(s)

Birthdate (dd/mm/yyyy)	Gender	Health Care Plan Number
	❑ Male ❑ Female	

Repeat the Surname / First Name / Middle Name(s) and Birthdate / Gender / Health Care Plan Number blocks above for each additional family member.

"I hereby certify that I am a permanent resident of the Northwest Territories and I understand that it is an offence to give false or misleading information in the application form and by signing this form I am authorizing health services administration to verify or confirm the information and documentation contained with this application."

Signature _____ Date (dd/mm/yyyy) _____

Signature _____ Date (dd/mm/yyyy) _____