

APPLICANT

Surname	Given Name(s)	Init.	Birthdate Y M D	H.C.P. No.
Mailing Address	City/Community	Postal Code	Home Phone No.	
Spouse/Common-law Name	Home Phone No.		H.C.P. No.	

EMPLOYMENT STATUS

DESCRIPTION	APPLICANT	SPOUSE
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Employer's Name (If Government, give Department)		
Employer's Address		
Employer's Phone No.	() -	() -
Are you covered under a medical group insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name of plan		

APPLICANT'S DECLARATION

I hereby certify that the information given is true, correct and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

RETURN COMPLETED FORM TO:
Department of Health & Social Services
Health Benefit Programs
Bag #9 Inuvik, NT X0E 0T0
Phone: (867) 777-7404/7405/7406 Toll-free: 1-800-661-0830

This personal information is being collected under the authority of the Government of the Northwest Territories Extended Health Benefits Policy and Directive and will be used to determine program benefit entitlement. This information 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 (see contact information provided on this form.)

Dear Sir/Madam,

Our records indicate that you are now sixty years of age or over. As a senior, you are eligible to register for the Seniors Health Benefit Program if:

- You are a non-native or Metis.
- You are a resident of the N.W.T.
- You are registered with the N.W.T. Health Care Plan.

The Seniors Health Benefit Program provides full or partial benefits for prescription drugs, certain medical travel costs, hearing aids, eyeglasses, medical appliances, prosthesis and dental care. Enclosed is a brochure which gives you a brief outline of the program.

To register for these benefits, complete the form on the back of this page and send it to the address on the bottom. You will be notified when your application has been processed. To avoid delays in the processing of the form, please complete all sections.

For further information, write or telephone the Department at the address on the back of this page.