



# APPLICATION FOR MÉTIS HEALTH BENEFITS

PLEASE PRINT



## IMPORTANT INFORMATION

The personal information being collected on this form is protected by the *Access to Information and Protection of Privacy Act*, and will be used only to determine your eligibility for the Métis Health Benefits Program.

**In order to apply for the Métis Health Benefits Program, you must have a valid NWT Health Care Plan No.**

NOTE: If more space is required, enter additional information on a separate sheet of paper and attach it to this application.

1. You must access employer or similar plans first. Métis Health Benefits is a payer of last resort.
2. If employer information should change, please notify: Benefits Co-ordinator, Health Benefits, Health Services Administration, Department of Health and Social Services, GNWT, Bag #9, Inuvik, NT X0E 0T0. Fax (867) 777-3197, Tel (867) 777-7402, Toll Free 1-800-661-0830.
3. All new applications must be directed to: Benefits Co-ordinator, Health Benefits, Health Services Administration, Department of Health and Social Services, GNWT, Bag #9, Inuvik, NT X0E 0T0. Fax (867) 777-3197, Tel (867) 777-7402, Toll Free 1-800-661-0830.
4. You are responsible for providing proof of descendency. You may be required to provide the following:
  - (a) Birth Registration, (b) Marriage Certificate, (c) Other supporting documentation.

## REASON FOR APPLICATION

New       Change       Other (specify):

Please Indicate:	I request that <input type="checkbox"/> Applicant, <input type="checkbox"/> Spouse, and <input type="checkbox"/> Dependants, if eligible, be registered for the Métis Health Benefits Program.
	OR <input type="checkbox"/> I make this application as guardian on behalf of the applicant who is under the age of 18 or is incapacitated.

## APPLICANT'S INFORMATION

Family Name Given Name(s)			Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing Address			Postal Code	
Telephone No.	NWT Health Care Plan No.	Date of Birth (dd/mm/yyyy)	Place of Birth	
Indigenous Descendent of which NWT Group <input type="checkbox"/> Métis and: <input type="checkbox"/> Cree <input type="checkbox"/> Hare <input type="checkbox"/> Slavey <input type="checkbox"/> Chipewyan <input type="checkbox"/> Dogrib <input type="checkbox"/> Gwich'in <input type="checkbox"/> Other (specify):				
Name of Father and Ethnic Origin		Maiden Name of Mother and Ethnic Origin		
Date of Birth (dd/mm/yyyy)	Place of Birth	Date of Birth (dd/mm/yyyy)	Place of Birth	
Name of Paternal Grandfather and Ethnic Origin		Name of Maternal Grandfather and Ethnic Origin		
Name of Paternal Grandmother and Ethnic Origin		Name of Maternal Grandmother and Ethnic Origin		

## SPOUSE'S INFORMATION (Note: If spouse is non-aboriginal he/she is not required to fill out this section)

Family Name Given Name(s)			Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Mailing Address			Postal Code	
Telephone No.	NWT Health Care Plan No.	Date of Birth (dd/mm/yyyy)	Place of Birth	
Indigenous Descendent of which NWT Group <input type="checkbox"/> Métis and: <input type="checkbox"/> Cree <input type="checkbox"/> Hare <input type="checkbox"/> Slavey <input type="checkbox"/> Chipewyan <input type="checkbox"/> Dogrib <input type="checkbox"/> Gwich'in <input type="checkbox"/> Other (specify):				

## LIST OF ALL APPLICANT'S CHILDREN (Note: Individuals who are over 18 must complete their own application form.)

Family Name	Given Name(s)	Sex	Date of Birth (dd/mm/yyyy)	NWT Health Care Plan No.

## OTHER INFORMATION

Please indicate if you are:		<input type="checkbox"/> Indigenous Métis of the NWT		<input type="checkbox"/> Non-indigenous Métis of the NWT		<input type="checkbox"/> Community Acceptance Member, Name of Community:		<input type="checkbox"/> Métis Bill C-31	
Please indicate if you are:		<input type="checkbox"/> On the General Membership List, Name of Community:				<input type="checkbox"/> A Member of a Métis Local, Name of Community:			
Please indicate if you qualify as a Land Claims Beneficiary in:									
<input type="checkbox"/> Gwich'in Region		<input type="checkbox"/> Sahtu Region		<input type="checkbox"/> Deh Cho Region		<input type="checkbox"/> North Slave Region		<input type="checkbox"/> South Slave Region	

