

**Medicare Change Request, Replacement and/or Renewal Form**

P.O. Box 5100, Fredericton, N.B. E3B 5G8

Telephone: 1-888-762-8600 (toll free)

Change Requested (Check appropriate area and indicate changes in the "Remarks" section.)

THIS IS NOT AN APPLICATION.

- Replacement card (one card per person only)  
Name of individual requiring card \_\_\_\_\_
- Non-refundable \$10 fee required unless you are a recipient of:
  - Guaranteed Income Supplement (GIS)
  - Income Assistance
  - You received a damaged or misprinted card
- Expired/Renewal     /     (As indicated on card)  
mm yyyy
- Address change
- Marriage - spouse's name, date of birth and Medicare number; wife's former name, chosen name, Medicare number
- Divorced or separated - former spouse's address; with whom are dependents residing
- Name change/correction - copy of birth certificate required for other than marriage and if not born in N.B.
- Incorrect date of birth - copy of birth certificate required if not born in N.B.: N.B. women must provide maiden name
- Death - date of death; name of deceased
- Out-of-province move - date of move, address, province or country
- Newborn - name, sex, date of birth
- Adoption - name, sex, date of birth, name of social worker, if applicable
- Temporarily Absent (including mobile and contract workers) - reason for absence, date leaving, destination, expected date of return
- Out-of-province Student - address, date left, expected date of return, name of institution, duration of course
- Release from Federal Penitentiary- date of entry, date of release, name of institution released from and province
- Entered or released from R.C.M.P. or Armed Forces - exact date of release and/or date of entry; where released (province)
- Other \_\_\_\_\_

Remarks \_\_\_\_\_

**Current information concerning the applicant. Please print clearly.**

|    |                                 |                          |              |   |
|----|---------------------------------|--------------------------|--------------|---|
| 1  | Applicant                       | First Name               | Middle Name  | Family Name   |
| 2  | Date of birth                   | DD MM YYYY               | Medicare No. | Language preference <input type="checkbox"/> English <input type="checkbox"/> French<br>Sex <input type="checkbox"/> M <input type="checkbox"/> F<br>Organ Donor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3  | Spouse's name                   | Date of birth DD MM YYYY | Medicare No. | Language preference <input type="checkbox"/> English <input type="checkbox"/> French<br>Sex <input type="checkbox"/> M <input type="checkbox"/> F<br>Organ Donor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4  | Dependent Name                  | Date of birth DD MM YYYY | Medicare No. | Language preference <input type="checkbox"/> English <input type="checkbox"/> French<br>Sex <input type="checkbox"/> M <input type="checkbox"/> F<br>Organ Donor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5  | Dependent Name                  | Date of birth DD MM YYYY | Medicare No. | Language preference <input type="checkbox"/> English <input type="checkbox"/> French<br>Sex <input type="checkbox"/> M <input type="checkbox"/> F<br>Organ Donor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6  | Dependent Name                  | Date of birth DD MM YYYY | Medicare No. | Language preference <input type="checkbox"/> English <input type="checkbox"/> French<br>Sex <input type="checkbox"/> M <input type="checkbox"/> F<br>Organ Donor <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7  | Chosen name at time of marriage |                          |              | 8 Other family names previously used  |
| 9  | Telephone numbers               |                          | Home ( )     | Work ( )  |
| 10 | Present mailing address         | Number and Street        |              | Apt. No.  |
|    |                                 | City, Town or Village    |              | Province Postal Code  |

**RESIDENT DECLARATION**

A resident means a person who makes their home and is ordinarily present in New Brunswick, but does not include a tourist, transient or visitor to the province.

Any person who **violates or assists** a person in violating the residency requirements is guilty of an offence and liable to either a fine and/or imprisonment.

I, the applicant, hereby declare that I have read the above definition of a "resident" and that the information given on this form is correct and that the persons listed are permanent residents in accordance with the definition of a "resident" indicated above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW, FOR LOCAL OFFICE USE ONLY**

|   |   |   |  |  |
|---|---|---|--|--|
| A | Name as shown on Medicare system            | Given Name                                    | Family Name  | Medicare Number                                  |
| B | Date of birth as shown on Medicare system   | DAY   | MONTH  | YEAR   |
|   | Household verified <input type="checkbox"/> | C   | Supporting documentation attached <input type="checkbox"/> | Authorized signature                             |
| D | Household verified <input type="checkbox"/> | Eligibility verified <input type="checkbox"/> |  | Suspense items verified <input type="checkbox"/> |
| E | Identify members affected by change:        |   |  |  |
| F | Remarks:                                    | Certification stamp                           |  |  |

## **Medicare Change Request, Replacement and/or Renewal Form**

- Please print, complete and return this form to:

New Brunswick Medicare  
Department of Health and Wellness  
P. O. Box 5100  
Fredericton, N.B.  
E3B 5G8

Or visit your nearest Service New Brunswick office.

- If you require assistance or have questions with respect to this form, please feel free to contact Service New Brunswick's TeleService toll free line at 1-888-762-8600.
- This form cannot be used for application purposes. If you are a new or returning resident to the province, please complete the Medicare Application for Registration form.