



Nisga'a Valley Health Board
4920 Tait Avenue, New Aiyansh, BC V0J 1A0

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APPLICATION FOR: NISGA'A NON-INSURED HEALTH BENEFITS CARD

Important Note: Please use your LEGAL name when applying for the Benefit Card. Include a copy of the BIRTH CERTIFICATE AND STATUS CARD/OR CITIZENSHIP CARD. If Parents are applying on Behalf of the Children, Please Enter Status numbers below and Provide a Copy of the Card of BOTH parents. For a name change, send a copy of your MARRIAGE CERTIFICATE or your NEW BIRTH CERTIFICATE.

Nisga'a Citizen #: _____ (If you do not have a citizen number call Eligibility & Enrollment: 1-888-311-9457 @ Nisga'a Lisims Government). Your application WILL NOT be processed until we have an Citizenship Number.

Status Number: _____ Band: __ _____ (If you do not indicate which band you are registered with, or which band you will be registering with, this will delay the process of your application)

NEW MEMBER: REPLACEMENT CARD: CHANGE OF INFORMATION:

Registered Surname: _____

Given Names: _____

Date of Birth: _____

Health Care Number: _____

CARRIER ID: 11 GROUP #: 051364 CANADA LIFE #: _____

Address: _____

Town/City: _____ Province: _____ Postal Code: __ _

Daytime contact #: _____ EMAIL _____

ADDITIONAL INFORMATION:

Mother's Name: _____
Last First Middle Status/citizenship #

Father's Name: _____
Last First Middle Status/Citizenship #

**FAX COMPLETED FORM 1-250-621-3263 Email to: dawn.leeson@nisgahealth.bc.ca
Mail: PO Box 234,4920 Tait Ave, New Aiyansh, BC V0J-1A0**

(Office Use Only)

Date Received: _____ Date Card Ordered: _____