



First and Last Name of Applicant Completing Form			Individuals, whose Medicare card has expired or was terminated more than 2 years ago, must reapply to N.B. Medicare and complete an Application for Registration form.		
Current Residential Address MUST Be Provided	Apt #	Residential street # and name	Mailing address (if different than residential)		
City, Town or Village		Province	Postal Code	City, Town or Village	
Telephone: Home: ()		Cellular: ()		Work: ()	
Employer and/or occupation (if applicable):					
IMPORTANT: All areas of this form MUST be completed. Incomplete forms will be returned. Refer to back of application for requirements.					
Are you a/Have you: <input type="checkbox"/> New Resident <input type="checkbox"/> Returning Resident <input type="checkbox"/> Remained in NB Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-law					

"Dependent" means a spouse or child living in New Brunswick who is:
(a) the spouse of a beneficiary if not maintaining a separate household, or
(b) an eligible beneficiary's child who is under the age of nineteen, unmarried and dependent for support upon the beneficiary, including an: adopted child; a child to whom a person stands in loco parentis if that person's spouse is a parent of the child; a child whose parents are not married to one another.
"Child" means a child, step-child, legally adopted child or legal ward of a registrant who is (b).

List your name below as well as those of all your household members who have accompanied you to N.B.

NB Medicare number (if applicable)	Last Name	Preferred First Name	Organ Donor Y or N	Date of Birth (DD/MM/YY)	Gender M or F	Date Left N.B. (DD/MM/YY)	Date Of Permanent Move To N.B. (DD/MM/YY)
	<i>Applicant</i>						
	<i>Spouse/Partner</i>						
	<i>Dependant</i>						
	<i>Dependant</i>						
	<i>Dependant</i>						
	<i>Dependant</i>						

Reason for absence from New Brunswick (if applicable):

Where did you arrive from? (Country, Province, Territory):

Have you applied for health coverage in another Province or Territory? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide Health Insurance Number(s):
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How long do you intend to stay in New Brunswick? Permanently (over 1 year) Temporarily (under 1 year)

Are you moving to NB for the purpose of attending school/university? Yes No Name of Educational Institution:

Did your spouse and dependent children accompany you? Yes No
If no, provide date they are expected to join you (DD/MM/YY): _____ Where are they arriving from? _____

New Brunswick Medicare number of spouse: _____ Name of spouse prior to marriage: _____

If you (or spouse) are regular member(s) of the Armed Forces, please provide: Name of member(s):
Date(s) of Enlistment (DD/MM/YY): _____ Official Date(s) of Release (DD/MM/YY): _____ Province of Release: _____

If being released from a penal institution: Federal Provincial Name of Institution: _____

Most Recent Date of Entry (DD/MM/YY): _____ Date of Release (DD/MM/YY): _____
State Province of Release: _____ Name of Released Member: _____

Have you and/or any member of your household left New Brunswick for over 30 days in the last 12 months? Yes No
If yes, provide name(s): _____
Date of departure (DD/MM/YY): _____ Date of return (DD/MM/YY): _____ Destination: _____

Reason for absence:

Additional Comments:

Resident Declaration – Please read carefully

The Medical Services Payment Act defines a resident as "a person lawfully entitled to be or to remain in Canada, who makes his home and is ordinarily present in New Brunswick, but does not include a tourist, transient or visitor to the Province".

I, the applicant, hereby declare that I have read the 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".

Date: _____ Signature of Applicant: _____ Signature of Spouse/Partner: _____

The primary requirement for provincial health benefits is permanent residence in New Brunswick. A resident is a person who is legally entitled to remain in Canada and who makes his home and is ordinarily present in the Province, but does not include a tourist, transient or visitor to the Province.

It is an offense to knowingly obtain or aid another person in obtaining insured services that he/she is not entitled.

**PROOF OF CANADIAN CITIZENSHIP IS REQUIRED FOR ALL NEW OR RETURNING APPLICANTS
ALL NON-CANADIANS MUST FORWARD A COPY OF THEIR CANADIAN IMMIGRATION IDENTIFICATION RECORDS
AND LAST ENTRY DATE STAMP ON PASSPORT(S)**

Required Documentation for Registration

To process your application for New Brunswick Medicare, you must provide photocopies of documents supporting **Identity and Residency**, in addition to proof of **Canadian Citizenship or Canadian Immigration Identification Records**

One document from List 1 for each individual listed on Application form (with proof of Canadian Citizenship or Canadian Immigration Identification Records)

AND

One document from List 1 and 2 for the applicant (with proof of Canadian Citizenship or Canadian Immigration Identification Records)

Please Note: The same document may not be used to satisfy more than one requirement
Do not send original documents as we cannot guarantee their safe return
If documentation from each category below is not submitted, the application will not be processed

Applications are assessed on a case by case basis; additional information may be required upon review

List 1

Support of Identity

Document that displays your name such as:

- Birth Certificate
- Valid New Brunswick Driver's License
- Valid Passport (Canadian or foreign)
- Baptismal Certificate (if place and date of birth indicated)
- Valid Permanent Resident Card (front & back) or Record of Landing Document (Form # IMM 1000)
- Active Temporary Resident Permit issued by Citizenship and Immigration Canada (does not ensure eligibility for NB Medicare)
- Certificate of Canadian Citizenship
- Canadian Native Status Card (front & back)
- Legal Name Change Document
- Student or Employee ID Card
- Previous Provincial Health Card

List 2

Proof of Residency in New Brunswick

Document must display applicant's name and NB address as provided to Medicare, such as:

- Mortgage Document
- Rental or Lease Agreement (must be signed by landlord & tenant)
- Utility Bill - not older than 2 months (phone, energy, cable/satellite, water/sewer)
- Employment Confirmation - current (pay stub or letter from employer on company letterhead)
- Insurance Policy (home, tenant, auto)
- Valid NB Motor Vehicle Registration
- Valid NB Driver's License
- Child Tax Benefit Statement
- Property Tax Bill (current year)

PLEASE REVIEW THE FOLLOWING TO AVOID DELAYS IN PROCESSING YOUR REQUEST

Do not send original documents as we cannot guarantee their safe return.

It is important to provide a contact number should Medicare need to contact you.

Your current residential address must be provided even if your mailing address is different.

You cannot apply for New Brunswick Medicare prior to your arrival to New Brunswick.

If previously registered with Medicare under a different name, please include name as it was previously registered in the "Additional Comment" section.

A separate application form must be completed for any dependant 19 years of age or older. If you are completing this form on behalf of another individual, who is 19 years of age or older, a copy of Power of Attorney documents must be provided.

NB residents who provide out of country birth certificates, must provide Canadian Immigration Records or proof of Canadian Citizenship. Medicare will not determine citizenship for individuals on behalf of Canadian Immigration Citizenship.

Discrepancies with Permanent Resident documents or Temporary Resident Permits are the responsibility of the applicant and Canadian Immigration Citizenship.

**Read and sign the "Resident Declaration" upon completion of the form.
Signature of applicant (person completing form) and spouse/partner (if arriving with you) is required.**

Please allow four to six weeks, upon receipt by Medicare, for processing your application.

If you require assistance or have questions with respect to this form, please contact Service New Brunswick's Teleservices toll free at 1-888-762-8600 or go to: www.gnb.ca/health

Completed application forms may be mailed to the address on the front of the application form or delivered in person to any Service New Brunswick office. Medicare processes original applications only. Applications that are faxed or copied will not be processed.

The Department of Health collects the personal information required on this form for the purposes of assessing and processing your requests to Medicare and is committed to safeguarding your privacy.

For more information on our privacy practices and about your rights regarding this issue, go to:
www.gnb.ca