



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		Province	Postal Code
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, provide expiry date of Medicare Card: _____							
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 (DDMMYY)	Gender M/F/X	Date Left N.B. (DDMMYY)	Date of Permanent Move To N.B. (DDMMYY)
	Applicant						
	Spouse/Partner						
	Dependant						
	Dependant						
	Dependant						
	Dependant						
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):				
How long do you intend to stay in New Brunswick? <input type="checkbox"/> Permanently (over 1 year) <input type="checkbox"/> Temporarily (under 1 year)							
Are you moving to NB for the purpose of attending school/university full time? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Educational Institution:							
Did your spouse and dependent children accompany you? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If no, provide date they are expected to join you (DDMMYY): _____ 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 (DDMMYY):		Official Date(s) of Release (DDMMYY):			Province of Release:		
If being released from a penal institution: <input type="checkbox"/> Federal <input type="checkbox"/> Provincial Name of Institution: _____							
Most Recent Date of Entry (DDMMYY): _____ Date of Release (DDMMYY): _____							
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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide name(s): _____							
Date of departure (DDMMYY): _____ Date of return (DDMMYY): _____ 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:



New Brunswick Medicare Card Application

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 to which she/he is not entitled.

Required Documentation for Registration

To process your application for New Brunswick Medicare, you must provide photocopies of documents supporting:

Status in Canada, Identity and Residency

One document is required from **List 1 & 2** for each individual listed on the Application form.

A copy of the last entry date stamp in the passport for each individual is required for those arriving from outside of Canada.

AND

One document is required from **List 3** for Applicant completing the form.

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

Status in Canada

(New Brunswick Medicare will not determine an individual's citizenship or status in Canada on behalf of Citizenship and Immigration Canada)

Canadian: Birth Certificate; Canadian Passport; Canadian Citizenship Card; Certificate of Canadian Citizenship; Canadian Native Status Card.

Non-Canadian: Permit; Confirmation of Permanent Residence or Permanent Resident Card (front & back) issued by Citizenship and Immigration Canada

List 2

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 3

Proof of Residency in New Brunswick

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

- Mortgage Document
- Rental or Lease Agreement (must be at least a 1 year term and signed by the landlord & tenant)
- Utility Bill - not older than 2 months (phone, energy, cable/satellite, water/sewer)
- Employment Confirmation (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

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 for registration must be completed for all children nineteen years of age or older. If you are completing this form on behalf of an individual (not a dependant), 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 Citizenship and Immigration Canada.

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

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