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 registered name when requesting Non-Insured Health Benefits, AND send a copy of your BIRTH CERTIFICATE **AND** STATUS CARD/OR CITIZENSHIP CARD. 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 GWL #: _____

Address: _____

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

Home Phone No.: _____ Work Phone No.: _____

ADDITIONAL INFORMATION:

Mother's Name: _____
Last First Middle

Father's Name: _____
Last First Middle

FAX COMPLETED FORM 1-250-633-2160 SCAN & EMAIL celi@nisgaahealth.bc.ca
Mail Cherie Eli, PO Box 234, New Aiyansh, BC V0J-1A0

(Office Use Only)
Date Received: _____ Date Card Ordered: _____