



# 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: \_\_\_\_\_

Daytime contact #: \_\_\_\_\_ EMAIL \_\_\_\_\_

### **ADDITIONAL INFORMATION:**

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

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

**FAX COMPLETED FORM 1-250-633-2160    SCAN & EMAIL [celi@nisgahealth.bc.ca](mailto:celi@nisgahealth.bc.ca)  
Mail Cherie Eli, PO Box 234, New Aiyansh, BC V0J-1A0**

(Office Use Only)

Date Received: \_\_\_\_\_ Date Card Ordered: \_\_\_\_\_