

# TEMAGAMI FIRST NATION ENRICHMENT FUNDS

## Terminal Illness Health Benefits Claim Form

This form must be signed and complete in full. **If incomplete, it will be returned to you**, which will delay the processing of the claim. Enclose **ORIGINAL RECEIPTS** – COPIES are not acceptable.

**With Regards to this Claim:**

Have you accessed First Nation and Inuit Health? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach documentation.  
If no, please explain why? \_\_\_\_\_

Do you have any other group health insurance coverage available to you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have you accessed it? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please attach documentation.

If no, please explain why \_\_\_\_\_

Client Name	Date of Birth	Band Number
Mailing Address		Postal Code
Email Address		Phone/Cell Number
<b>TYPE OF EXPENSES: I.E.: Travel (bus/taxi/subway/boat/snow machine, parking), Meals, Groceries, Rent/Private Accomodations</b>	<b>Amount Charged</b>	
		<b>Total</b>

I hereby certify that the above information is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed form and **ORIGINAL RECIEPTS** to:

Doreen Potts Health Centre  
Temagami First Nation  
Bear Island, ON P0H 1C0  
Attention: **Office Manager** Enrichment Funds Claim  
Inquiries: (705) 237-8900 or Toll-Free at 1-866-262-2862