

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
TYPE OF EXPENSES: I.E.: Travel (bus/taxi/subway/boat/snow machine, parking), Meals, Groceries, Rent/Private Accomodations	Amount Charged	
		Total

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