



# TEMAGAMI FIRST NATION

BEAR ISLAND,  
LAKE TEMAGAMI, ONTARIO P0H 1C0  
TEL 1.888.737.9884 | 705-237-8943  
FAX 705.237.8959

## HEALTH BENEFITS CLAIM FORM

Have you accessed First Nations and Inuit Health? Yes  No

If yes, please attached documents. If not, please explain why

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Do you have any other group health insurance coverage available to you?

If yes, have you accessed it: Yes  No  If yes, please provide documentation

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

### Personal Information:

Name:		Band Number	
Mailing Address:	City/Town, Prov.	Postal Code.	Date of Birth:
Email:		Telephone:	

Type of Expense: (Vision, dental, OTC, etc.)	Amount Charged
	<b>Total:</b>

Please make cheque out to: \_\_\_\_\_

NOTE: Please refer to Travel Claim for travel requests

I certify that all the information provided in this application is true and correct.

If under the age of 18 a parent/guardian's signature is also required.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
Date

Mail this form and original receipts to:  
Doreen Potts Health Centre  
Temagami First Nation  
BEAR ISLAND, ON  
P0H 1C0  
Attention: Office Manager Enrichment Funds