

APPLICATION FOR SPECIAL ASSISTANCE (FUNDING) FOR INFERTILITY TREATMENT

Personal Information		
Mr. _____ Mrs. Ms. _____	Last Name: _____ _____ _____ (City, Province, Postal Code)	First Name: _____ _____
Address: _____ (Number, Street, Apartment, PO Box, Rural Route) _____ _____ (City, Province, Postal Code)		
Home Phone Number: (____) _____ Work Phone Number: (____) _____	Email: _____ _____	
Medicare Number: _____	Date of Birth: ____/____/_____ (mm/dd/yyyy)	

Declarations
<p>I do solemnly declare that:</p> <ul style="list-style-type: none"> I am an ordinarily present, permanent, full time resident of New Brunswick, who has a home in the province. I have been diagnosed by a physician with fertility problems and have received infertility treatment after April 1, 2014. The infertility treatment costs that I am claiming are not eligible for coverage by any other provincial program or private sector insurance plan. I acknowledge and understand that I may claim eligible incurred costs of medical procedures and pharmaceutical products up to 50% of infertility treatments, or \$5,000, whichever is less. I acknowledge and understand that costs associated with infertility treatment incurred outside of the Province of New Brunswick will be eligible, only if the specific treatments are unavailable in-province and confirmation of this, by a New Brunswick fertility clinic, is included with the claim. I have attached documentation indicating that I have been diagnosed with infertility and an original invoice/receipt from an approved clinic which identifies the date the infertility treatment services (in vitro fertilization, intrauterine insemination) were rendered. I acknowledge and understand that reimbursement is limited to a one-time payout and cannot claim again in subsequent years. I acknowledge and understand that payment of my claim is subject to government funding.
<p>I, the applicant, hereby declare that the information given on this application, and in any documents attached, is correct and complete.</p> <p>Signature of Applicant: _____ Date: _____</p>

Please send the application to the address noted above