

# Medicare Change Request, Replacement and/or Renewal

See instructions on back of form for requirements

Check and complete appropriate areas

Indicate members affected by changes in section A and/or B

## SECTION A

<input type="checkbox"/> Address Change	<input type="checkbox"/> Marriage	<input type="checkbox"/> Separation/ Divorce	<input type="checkbox"/> Death	<input type="checkbox"/> Name Change	<input type="checkbox"/> Misprinted Name/ Date of Birth	<input type="checkbox"/> Newborn	<input type="checkbox"/> Adoption
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Applicant - Individual Completing Form	First Name	Middle Name	Family Name		Interoffice Use Only Status
1	Date of Birth DD MM YY	Medicare #	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Organ Donor <input type="checkbox"/> Y <input type="checkbox"/> N
2	Spouse/Partner Name DD MM YY	Medicare #	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Organ Donor <input type="checkbox"/> Y <input type="checkbox"/> N
3	Dependent Name DD MM YY	Medicare #	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Organ Donor <input type="checkbox"/> Y <input type="checkbox"/> N
4	Dependent Name DD MM YY	Medicare #	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Organ Donor <input type="checkbox"/> Y <input type="checkbox"/> N
5	Dependent Name DD MM YY	Medicare #	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Organ Donor <input type="checkbox"/> Y <input type="checkbox"/> N

Requested New Name(s): \_\_\_\_\_ Previous Name(s): \_\_\_\_\_

<b>Current Residential Address MUST Be Provided</b>	Apt #	Residential street # and name	Mailing address (if different than residential)	
		City, Town or Village	Province	Postal Code

Telephone Numbers: Home ( ) Cell ( ) Work ( )

Additional Comments:

## SECTION B

**Replacement Card - One card per person only.** Do not send cash by mail. Non-refundable \$10 fee required for each card, unless you are a recipient of:

Guaranteed Income Supplement     Income Assistance     Received damaged or misprinted card

Name(s) of individual(s) requiring card: \_\_\_\_\_

Reason for request:  Lost     Theft     Damaged     Other (clarify): \_\_\_\_\_

**Please Note: If you report your card stolen, a replacement card fee of \$10 is applicable. For privacy purposes, the stolen card will be terminated. A new Medicare number and card will be issued upon receipt of the fee. It is your responsibility to notify your service providers of your new number.**

**Expired Card or Renew Coverage - Provide expiry date as it appears on Medicare card (MM/YYYY):** \_\_\_\_\_

Expired cards or coverage that has been terminated within the last **24 months**, requires physical presentation (exceptions may apply) at a local SNB Centre to provide proof of identity and residency. The same document may not be used to satisfy more than one requirement. If you have left NB for 30 days or more, complete the temporarily absent section below.

Individuals, whose Medicare card has expired or was terminated **more than 2 years** ago, must reapply to N.B. Medicare and complete an Application for Registration form.

**Immigration Renewal Document** – copy of extended permit(s) or front and back of Permanent Resident Card(s).

**Federal Penitentiary**    Date of Entry (DD/MM/YY): \_\_\_\_\_    Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ (If being released, please complete an Application for Registration form).

**Armed Forces**    Date of Entry (DD/MM/YY): \_\_\_\_\_ (If being released, please complete an Application for Registration form)

Names(s): \_\_\_\_\_

**Out of Province/Country Move? Please Contact: 1-888-762-8600**

**Out of Province Student (must contact Medicare yearly)**     **Out of Country Student (must supply proof of enrollment)**

Leave Date (DD/MM/YY): \_\_\_\_\_    Return Date (DD/MM/YY): \_\_\_\_\_    Name(s): \_\_\_\_\_

Educational Institution: \_\_\_\_\_    Out of province/country address: \_\_\_\_\_

**Vacation/Visit Temporarily Absent (Outside New Brunswick)**     **Business Temporarily Absent (Outside New Brunswick)**

Temporary vacation/visit absence status for a NB eligible resident is defined as a period of absence from NB, for up to 212 days in a 12 month period. Those who exceed 212 vacation/visit days (consecutive or not) require the Director's approval.

Temporary absence for business purposes cannot exceed 182 days in a 12 month period (consecutive or not).

Approval may be granted for a duration of up to 12 months only once per 3 years from the time of return (vacation/visit or business purposes). If exceeding 12 months, NB resident must reapply for NB Medicare.

**Mobile Worker (Outside New Brunswick)**

Requesting to extend Medicare eligibility for up to 2 years, due to employment which requires frequent travel outside NB, a letter, including dates of rotation, must be provided by the employer and/or resident confirming frequent travel is required outside NB.

**Contract Worker (Outside Canada)**

Status may be assigned for up to a maximum of 2 years. A copy of your contractual agreement must be provided which identifies your start and end date of employment.

Leave Date (DD/MM/YY): \_\_\_\_\_    Return Date (DD/MM/YY): \_\_\_\_\_    Destination: \_\_\_\_\_

Name(s): \_\_\_\_\_

Forwarding address: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

## RESIDENCY DECLARATION

The **Medical Services Payment Act** defines a resident as "a person lawfully entitled to be or to remain in Canada, who makes his home and is ordinarily present in New Brunswick, but does not include a tourist, transient or visitor to the Province".

I, the applicant, hereby declare that I have read the definition of a "resident" and that the information given on this form is correct and that the persons listed are permanent residents in accordance with the definition of a "resident".

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any person who violates or assists a person in violating the residency requirements is guilty of an offense and liable to either a fine and/or imprisonment.

It is your responsibility to keep your Medicare file up to date. Use this form to report any changes to your household.

Medicare renewal for expired cards or coverage that has been terminated within the last 24 months requires physical presentation (exceptions may apply) at a Service New Brunswick Centre, to provide proof of Identity (from list 1) and Residency (from list 2).

The same document may NOT be used to satisfy more than one requirement. Please do not send original documents as we cannot guarantee their safe return.

All forms are processed on a case by case basis; additional information may be required upon review.

### List 1 – Support of Identity

Document that displays your name, such as:

- Birth Certificate
- Valid New Brunswick Driver's License
- Passport (Canadian or foreign)
- Baptismal Certificate (if place and date of birth is indicated)
- Permanent Resident Card (front & back) or Record of Landing Document (Form # IMM 1000)
- Active Temporary Resident Permit issued by Citizenship and Immigration Canada (does not ensure eligibility for NB Medicare)
- Certificate of Canadian Citizenship
- Certificate of Native Status (front & back)
- Legal Name Change Document
- Student or Employee ID Card
- Previous Provincial Health Card

### List 2 – Proof of Residency in New Brunswick

Document must be current and display applicant's name and New Brunswick address as provided to Medicare, such as:

- Mortgage Document
- Rental or Lease Agreement (must be at least a 1 year term and signed by the landlord & tenant)
- Utility Bill - no older than 2 months (phone, energy, cable/satellite, water/sewer)
- Employment Confirmation - current (pay stub or letter from employer on company letterhead)
- Insurance Policy (home, tenant or auto)
- Valid New Brunswick Motor Vehicle Registration
- Valid New Brunswick Driver's License
- Child Tax Benefit Statement
- Property Tax Bill

### Please complete an Application for Registration form if you or a member of your household:

- Moved from New Brunswick and are returning.
- Have not previously applied for New Brunswick Medicare (new resident).
- The expiry date on your Medicare card is over 2 years.

In an effort to avoid delays in processing, the following instructions provide general information to assist you in making requests to Medicare. Please allow 4 to 6 weeks from the day of receipt to process your request. All forms are processed on an individual basis and additional documents may be required. New Brunswick Medicare has the right to terminate your coverage or adjust your expiry date at any time.

#### Address Change:

- If your mailing address is a: P.O. Box, Rural Route, or General Delivery; you must also provide your residential (physical) address.
- Indicate all members affected by address change in Section A of this form.
- Provide apartment # if applicable.

#### Marriage:

- Provide spouse's name, date of birth and Medicare number.
- Include dependents accompanying spouse. A copy of legal custody documents may be required.
- If name change required provide: former name, chosen (married) name, Medicare number and copy of marriage certificate.

#### Separation/Divorce:

- Indicate with whom dependents are residing, if applicable. A copy of legal custody documents may be required.
- Provide identifying information on ex-spouse: name, date of birth, Medicare number and address (if known).
- If changing name, see below "Name Change".

#### Name Change:

- If returning to previous birth last name, copy of birth certificate is required if not born in NB. If born in NB, indicate this on form and provide name as it appears on the birth certificate.
- Last name change due to marriage requires a copy of the marriage certificate.
- First or last name change for reasons other than above, require a copy of the legal name change document.

#### Incorrect Date of Birth or Name:

- Copy of birth certificate or valid Canadian passport required if born in another Province. If born in New Brunswick, indicate this on form and provide name as it appears on the birth certificate.
- If not born in Canada, provide a copy of your Canadian Immigration document. Names will only be corrected as they appear on Canadian Immigration documents.

#### Additional Eligible Household Member (Newborn, Adoption or Minor Dependant):

- Power of Attorney documents are required if you are completing this form on behalf of a current eligible NB resident who is over the age of 19.
- If you wish to add a dependant to your household who is under the age of 19, legal custody documents are required.
- To add an adopted a child (born in NB) to your household, please provide proof of Canadian Citizenship and legal adoption documents. If the child was not born in New Brunswick, an Application for Registration form must be completed and required documents provided.

Please sign the "Resident Declaration" upon completion of the form.

If you require assistance or have questions with respect to this form, please feel free to contact Service New Brunswick's Teleservices toll free number at 1-888-762-8600 or go to: [www.gnb.ca/health](http://www.gnb.ca/health)

Completed forms may be mailed to the address on the front of the form (with the exception of forms for expired or terminated coverage, as stated above) or delivered in person to any Service New Brunswick Centre. Medicare requires the original Change Request, Replacement and/or Renewal form (exceptions may apply).

The Department of Health collects the personal information required on this form for the purposes of assessing and processing your requests to Medicare and is committed to safeguarding your privacy.

For more information on our privacy practices and about your rights regarding this issue, go to:

[www.gnb.ca](http://www.gnb.ca)