



# INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ (yyyy/mm/dd)

Sex: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Application No.: \_\_\_\_\_

**\*\*\*NOT VALID FOR TRAVEL\*\*\* / \*\*\*DOES NOT CONFER STATUS\*\*\***

As of \_\_\_\_\_ (yyyy/mm/dd), you are eligible for coverage of health-care costs under the Interim Federal Health Program (IFHP). The length of time you are covered is based on your immigration status. For details, it is recommended you visit the IFHP website at [www.canada.ca/ifhp](http://www.canada.ca/ifhp)

It is important to be aware that your coverage can be cancelled without notice if your immigration status changes. Therefore, participating health-care providers will confirm your eligibility for health-care coverage with the IFHP administrator at each visit, before providing services.

This certificate must be presented to the health-care provider, along with a government issued photo ID, before receiving services, so that the provider can contact the IFHP administrator to confirm that you are eligible under the IFHP for the service and/or product being requested.

If you pay for services covered by the IFHP, you won't be reimbursed.

**I, the undersigned:**

- declare that I require coverage under the IFHP. I will notify Immigration, Refugees, and Citizenship Canada (IRCC) immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;
- understand that my medical and personal information will be shared with IRCC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that my personal information may be shared with other government institutions and other third-parties in accordance with the *Privacy Act and the Department of Citizenship and Immigration Act*.

\_\_\_\_\_  
Signature of holder

\_\_\_\_\_  
Date (yyyy/mm/dd)

**NOTE FOR HEALTH-CARE PROVIDERS:**

Providers in-Canada **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, Medavie Blue Cross may be contacted, by telephone at 1-888-614-1880, by facsimile at 506-867-4651 or through their website at <https://provider.medavie.bluecross.ca>

Overseas providers should verify eligibility by emailing Medavie Blue Cross via [CIC\\_Inquiry@medavie.bluecross.ca](mailto:CIC_Inquiry@medavie.bluecross.ca)

Client ID no.: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (yyyy/mm/dd)

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_