APPLICATION FOR INTERIM FEDERAL HEALTH PROGRAM COVERAGE

Complete this form **only if you are eligible** for Interim Federal Health Program (IFHP) coverage. If you are applying to extend your existing IFHP coverage, make sure to apply six (6) weeks before your current eligibility period expires. Make sure that you read and understand the accompanying instructions before you complete this form.

Each eligible person 14 years of age and older must complete and sign a copy of this application form. For each child under 14, a parent (or legal guardian, where present) must complete and sign a copy of this application form.

You are applying to: (check one box) ▶ ☐ Request IFHP coverage for the first time ☐ Extend your existing IFHP coverage ☐ Request confirmation of coverage because your IFHP document was lost, stolen or destroyed

SECTION A - PERSONAL DETAILS

Family name (Surname)	Given name(s)	
Client ID no.	Date of birth (YYYY-MM-DD)	Gender ☐ F Female ☐ M Male ☐ X Another gender
Current address in Canada Number, street and apartment		
City	Province	Postal code
Contact information Home telephone (area code and no.)	Work/other telephone (area code and no.)	E-mail address

SECTION B - INFORMATION FOR DOCUMENT REPLACEMENT

Complete this section only if you are requesting to confirm your IFHP coverage because your IFHP eligibility document was lost, stolen or destroyed.

Your IFHP eligibility document was: (check one box)

☐ Lost ☐ Stolen ☐ Destroyed ▶ On or about (YYYY-MM-DD)

SECTION C - YOUR STATUS IN CANADA

☐ Refugee resettled from outside Canada
- ▶ Do you or did you receive government financial assistance? ▶ ☐ Yes ☐ No
- ▶ Are you under a sponsorship agreement? ▶ ☐ Yes ☐ No

☐ Refugee claimant in Canada
- ▶ Has the Immigration and Refugee Board (IRB) rendered a decision in your case? ▶ ☐ Yes ☐ No
- ▶ If your claim was rejected, have you: ▶ ☐ submitted an appeal to the Refugee Appeal Division ▶ ☐ Yes ☐ No

  OR

  ☐ submitted an application for judicial review to the Federal Court ▶ ☐ Yes ☐ No

  ▶ If yes, Court file no. _____

☐ Protected person in Canada

☐ Other (describe your status in Canada) ▶

SECTION D - OTHER INFORMATION

1. Are you currently eligible for provincial/territorial health care insurance? ☐ Yes ☐ No

2. Have you applied for provincial/territorial health care insurance? ☐ Yes ☐ No

3. Do you currently have a provincial/territorial health care insurance card? ☐ Yes ☐ No ▶ If yes, card received on (YYYY-MM-DD)

4. Do you have private insurance to cover health care expenses in Canada? ☐ Yes ☐ No ▶ If yes, coverage received on (YYYY-MM-DD)

SECTION E - DECLARATION OF APPLICANT

This declaration covers all the information that you have provided on this application for IFHP coverage. Be sure to attach the supporting documents listed in the instructions accompanying this form.

Sign and date your application before sending it to the nearest **IRCC centre** listed in Appendix A of the Instruction Guide.

- I declare that the information I have given is truthful, complete and correct.
- I understand all the above statements.
- I will immediately inform Immigration, Refugees and Citizenship Canada of any changes to the information or answers I have provided in this application form.

Signature of:
(check appropriate box) ▶ ☐ Applicant ☐ Applicant's parent ☐ Applicant's guardian

Signature ▶ _____ _____
Date (YYYY-MM-DD)

Personal information provided on this form is collected by Immigration, Refugees and Citizenship Canada (IRCC) pursuant to the February 2016 Cabinet decision regarding the parameters and scope of the Interim Federal Health Program (IFHP) and will be used for the purpose of administration of the IFHP. The personal information provided may be shared with the Canada Border Services Agency, the IFHP's third party claims administrator, registered IFHP Health Care providers and provincial/territorial governments for the purpose of validating identity and eligibility. Personal information may also be used internally for program and reporting purposes and for quality assurance purposes. The information may also be used internally for research and statistical purposes, for program policy and evaluation, and for internal audit.

Failure to complete the form in full may result in a delay or the application not being processed. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. More information can be found in Info Source. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the Privacy Commissioner of Canada. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 052.