



## NEW BRUNSWICK MEDICARE APPLICATION

**IMPORTANT: All areas of this form MUST be completed. Incomplete forms will be returned. Refer to Section 8 for requirements.  
 Please allow four to six weeks, upon receipt by Medicare, for processing your application.**

### SECTION 1 - GENERAL INFORMATION

Legal Family Name	Legal Given Name(s)	Date of Birth		
		DD	MM	YYYY

Gender	Language of Choice	Organ Donor
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Address			
Apt #, Street # and Street Name	City-Town-Village	Province	Postal Code

Mailing Address (if different from physical address)			
Apt #, Street # and Street Name	City-Town-Village	Province	Postal Code

Contact Telephone Numbers		
Home:	Cell:	Other:

Marital Status							
<input type="checkbox"/> Single	<input type="checkbox"/> Married / Common Law						
If you answered Married/Common Law, and you are <b>NOT</b> applying for your spouse today, where is your spouse?							
<input type="checkbox"/> They are living in another Country.							
<input type="checkbox"/> They are living in another Province/Territory.	Which Province/Territory? <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>						
Approx. date they will be joining you:	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">DD</td> <td style="width: 10%; text-align: center;">MM</td> <td style="width: 10%; text-align: center;">YYYY</td> </tr> <tr> <td style="border: 1px solid black; width: 10%;"></td> <td style="border: 1px solid black; width: 10%;"></td> <td style="border: 1px solid black; width: 10%;"></td> </tr> </table>	DD	MM	YYYY			
DD	MM	YYYY					
<input type="checkbox"/> They are already residing in NB.	Spouse's NB Medicare #: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>						
If they reside in NB and <b>do not</b> have a NB Medicare #, explain why:							

<b>Are you a resident of New Brunswick and your New Brunswick Medicare Card is expired?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES:				
Provide NB Medicare # (if known): <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	Provide expiry date:	DD	MM	YYYY

<b>Have you left or are you planning to leave New Brunswick for more than 30 days?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES:							
Date of departure:	DD	MM	YYYY	Date of return:	DD	MM	YYYY
Destination:				<input type="checkbox"/> Unknown date of return.			
Reason for absence:							

<b>Have any of your names changed since your documents were issued?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES:		
List all former names, including last name at birth if different from above: <i>(See List 4 for required documents.)</i>		

<b>Do you intend to stay in New Brunswick permanently?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO:			
Date leaving NB:	DD	MM	YYYY
Reason you are temporarily in NB:			



**SECTION 2 - OUT-OF-PROVINCE**

<b>Did you live in another Province/Territory prior to moving to New Brunswick?</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If YES:</b>				
Which Province/Territory did you live in prior to moving to NB?				
Date of move to NB:	DD	MM	YYYY	
Did you have health coverage in that Province/Territory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If <b>YES</b> , Health Card #:	
Do you have a previous NB Medicare #?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If <b>YES</b> , NB Medicare #:	

<b>Are you a member of the Canadian Armed Forces?</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been released from the Canadian Armed Forces?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If NO and applying for dependant children, documentation for the parent(s) must still be included with the application.</b>				
<b>If YES:</b>				
Date of Enlistment:	DD	MM	YYYY	Official Date of Release:
				DD MM YYYY
Province/Territory of release:				
Are you currently receiving health coverage from that Province/Territory?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a reservist of the Canadian Armed Forces and <b>not</b> receiving medical coverage from them?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Are you being released from a Canadian Correctional Institution?</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If YES:</b>				
Institution Type:			<input type="checkbox"/> Federal	<input type="checkbox"/> Provincial
Institution Name:				
Most recent date of entry:	DD	MM	YYYY	Date of release:
				DD MM YYYY
Province/Territory of release:				

**SECTION 3 - INTERNATIONAL STUDENT**

<b>Are you and/or your spouse an International Student?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
You will need to provide proof of enrollment for a full school/academic year. <b>Note that the Acceptance Letter is not accepted as it is not considered proof of enrollment.</b>		

**SECTION 4 - OUT-OF-COUNTRY**

<b>Did you live in another country prior to moving to New Brunswick?</b>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If YES:</b>				
What country did you live in prior to moving to NB?				
Date of move to NB:	DD	MM	YYYY	
What allowed you to reside/work/study in that country? Select all that apply.				
<input type="checkbox"/> I am a citizen.		<input type="checkbox"/> I have permanent resident status.		
<input type="checkbox"/> I am a naturalized citizen.		<input type="checkbox"/> I have a permit/visa.		
Date of naturalization:	DD	MM	YYYY	

**SECTION 5 - DEPENDANT(S)**

<b>Dependant(s)</b>		
<p><b>"Dependant"</b> means the applicant's spouse or child living in the same household as the applicant.</p> <p><b>"Child"</b> means the applicant's child, stepchild, legally adopted child, or legal ward 18 years of age or under.</p> <p>If your child is 19 years of age or older, they must complete their own separate New Brunswick Medicare Application.</p> <p>If your child is 19 years of age or older and is your dependant for reasons of impairment of mental or physical functions, they should be included on this application. Please provide a Power of Attorney or other supporting legal or medical documentation.</p>		
<b>Are you also applying for a Dependant?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If you are applying for a dependant, continue filling out Section 5. If not, proceed to Section 6.</b>		



SPOUSE		
Legal Family Name	Legal Given Name(s)	Date of Birth
		DD MM YYYY

Gender	Language of Choice	Organ Donor
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did your spouse live in another Province/Territory prior to moving to New Brunswick?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If YES:</b>			
Which Province/Territory did your spouse live in prior to moving to NB?			
Date of move to NB:		DD	MM YYYY
Did your spouse have health coverage in that Province/Territory?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, Health Card #:			
Does your spouse have a previous NB Medicare #?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, NB Medicare #:			

Is your spouse a member of the Canadian Armed Forces?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Has your spouse been released from the Canadian Armed Forces?</b>			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If NO and applying for dependant children, documentation for the parent(s) must still be included with the application.</b>			
<b>If YES:</b>			
Date of Enlistment:		DD	MM YYYY
Official Date of Release:		DD	MM YYYY
Province/Territory of release:			
Are they currently receiving health coverage from that Province/Territory?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they a reservist of the Canadian Armed Forces and <b>not</b> receiving medical coverage from them?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is your spouse being released from a Canadian Correctional Institution?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If YES:</b>			
Institution Type:		<input type="checkbox"/> Federal	<input type="checkbox"/> Provincial
Institution Name:			
Most recent date of entry:		DD	MM YYYY
Date of release:		DD	MM YYYY
Province/Territory of release:			

Did your spouse live in another country prior to moving to New Brunswick?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If YES:</b>			
What country did your spouse live in prior to moving to NB?			
Date of move to NB:		DD	MM YYYY
What allowed your spouse to reside/work/study in that country? Select all that apply.			
<input type="checkbox"/> They are a citizen.		<input type="checkbox"/> They have permanent resident status.	
<input type="checkbox"/> They are naturalized citizen.		<input type="checkbox"/> They have a permit/visa.	
Date of naturalization:		DD	MM YYYY



**OTHER DEPENDANT**

Legal Family Name	Legal Given Name(s)	Date of Birth		
		DD	MM	YYYY

Gender	Language of Choice	Organ Donor
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Did your dependant live in another Province/Territory prior to moving to New Brunswick?**  YES  NO

**If YES:**

Which Province/Territory did your dependant live in prior to moving to NB?

Date of move to NB: DD MM YYYY

Did they have health coverage in that Province/Territory?  Yes  No **If YES, Health Card #:**

Does your dependant have a previous NB Medicare #?  Yes  No **If YES, Medicare #:**

**Did your dependant live in another country prior to moving to NB?**  YES  NO

**If YES:**

What country did your dependant live in prior to moving to NB?

Date of move to NB: DD MM YYYY

What allowed your dependant to reside/work/study in that country? Select all that apply.

They are a citizen.
  They have permanent resident status.

They are naturalized citizen.
  They have a permit/visa.

Date of naturalization: DD MM YYYY

**OTHER DEPENDANT**

Legal Family Name	Legal Given Name(s)	Date of Birth		
		DD	MM	YYYY

Gender	Language of Choice	Organ Donor
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Did your dependant live in another Province/Territory prior to moving to New Brunswick?**  YES  NO

**If YES:**

Which Province/Territory did your dependant live in prior to moving to NB?

Date of move to NB: DD MM YYYY

Did they have health coverage in that Province/Territory?  Yes  No **If YES, Health Card #:**

Does your dependant have a previous NB Medicare #?  Yes  No **If YES, Medicare #:**

**Did your dependant live in another country prior to moving to NB?**  YES  NO

**If YES:**

What country did your dependant live in prior to moving to NB?

Date of move to NB: DD MM YYYY

What allowed your dependant to reside/work/study in that country? Select all that apply.

They are a citizen.
  They have permanent resident status.

They are naturalized citizen.
  They have a permit/visa.

Date of naturalization: DD MM YYYY



**OTHER DEPENDANT**

Legal Family Name	Legal Given Name(s)	Date of Birth		
		DD	MM	YYYY

Gender	Language of Choice	Organ Donor
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Did your dependant live in another Province/Territory prior to moving to New Brunswick?**     YES     NO

**If YES:**

Which Province/Territory did your dependant live in prior to moving to NB?

Date of move to NB:    DD    MM    YYYY

Did they have health coverage in that Province/Territory?     Yes     No    If **YES**, Health Card #:

Does your dependant have a previous NB Medicare #?     Yes     No    If **YES**, Medicare #:

**Did your dependant live in another country prior to moving to NB?**     YES     NO

**If YES:**

What country did your dependant live in prior to moving to NB?

Date of move to NB:    DD    MM    YYYY

What allowed your dependant to reside/work/study in that country? Select all that apply.

They are a citizen.   
  They have permanent resident status.  
 They are naturalized citizen.   
  They have a permit/visa.

Date of naturalization:    DD    MM    YYYY

**OTHER DEPENDANT**

Legal Family Name	Legal Given Name(s)	Date of Birth		
		DD	MM	YYYY

Gender	Language of Choice	Organ Donor
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Did your dependant live in another Province/Territory prior to moving to New Brunswick?**     YES     NO

**If YES:**

Which Province/Territory did your dependant live in prior to moving to NB?

Date of move to NB:    DD    MM    YYYY

Did they have health coverage in that Province/Territory?     Yes     No    If **YES**, Health Card #:

Does your dependant have a previous NB Medicare #?     Yes     No    If **YES**, Medicare #:

**Did your dependant live in another country prior to moving to NB?**     YES     NO

**If YES:**

What country did your dependant live in prior to moving to NB?

Date of move to NB:    DD    MM    YYYY

What allowed your dependant to reside/work/study in that country? Select all that apply.

They are a citizen.   
  They have permanent resident status.  
 They are naturalized citizen.   
  They have a permit/visa.

Date of naturalization:    DD    MM    YYYY



**SECTION 6 - RESIDENT DECLARATION**

**Please read carefully.**

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".

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 7 - COMMENTS**

**For office use only.**

**SECTION 8 - REQUIREMENTS**

**The primary requirement for provincial health benefits is permanent residence in New Brunswick. A resident is a person who is legally entitled to remain in Canada and who makes his home and is ordinarily present in the Province, but does not include a tourist, transient or visitor to the Province.**

**It is an offense to knowingly obtain or aid another person in obtaining insured services to which they are not entitled.**

**Required Documentation**

To process your application for New Brunswick Medicare, you must provide photocopies of documents supporting: Status in Canada, Identity and Residency in New Brunswick.

1. One document is required from *List 1* and *List 2* for each person listed on the Application form.
2. A copy of the last entry date stamp in the passport for each person is required for those arriving from outside of Canada, if applicable.

**AND**

3. One document is required from *List 3* for the Applicant completing the form.

**Please Note:**

- The same document may **not** be used to satisfy more than one requirement.
- If documentation from each category below is not submitted, the application will **not** be processed.

**Applications are assessed on a case-by-case basis; additional information and documentation may be required upon review.**

LIST 1: STATUS IN CANADA	
These documents must show full legal name and legal status in Canada.	
CANADIAN	NON-CANADIAN
<ul style="list-style-type: none"> <li>• Canadian Birth Certificate</li> <li>• Canadian Citizenship Card (front and back)</li> <li>• Certificate of Canadian Citizenship (front and back)</li> <li>• Valid Canadian Passport</li> <li>• Canadian Native Status Card (front and back)</li> </ul>	<ul style="list-style-type: none"> <li>• Valid Confirmation of Permanent Residence</li> <li>• Valid Permanent Resident Card (front and back)</li> <li>• Valid Permit(s)</li> <li>• Record of Landing</li> </ul>

LIST 2: SUPPORT OF IDENTITY
Document must display your full name.
The same document may not be used that was used in List 1: Status in Canada.
<ul style="list-style-type: none"> <li>• Canadian or translated Birth Certificate</li> <li>• Canadian Passport</li> <li>• Valid New Brunswick Driver's License or Identification Card</li> <li>• Valid Foreign Passport (must include page with picture and page with last entry date stamp)</li> <li>• Baptismal Certificate (only if place and date of birth indicated)</li> <li>• Certificate of Canadian Citizenship (front and back)</li> <li>• Native Status Card (front and back)</li> <li>• Student ID Card</li> <li>• Employee ID Card</li> <li>• Previous Provincial/Territorial Health Card</li> </ul>

<b>LIST 3: PROOF OF RESIDENCY IN NEW BRUNSWICK</b> <b>Document must be valid and current and display applicant's name and NB residential address as provided to Medicare</b>	
<ul style="list-style-type: none"> <li>Mortgage Document</li> <li>Rental or Lease Agreement</li> <li>Utility Bill (phone, energy, cable/satellite, waste/sewer)</li> <li>Employment Confirmation (pay stub/letter from employer on company letterhead)</li> </ul>	<ul style="list-style-type: none"> <li>Insurance Policy (home, tenant, auto)</li> <li>NB Motor Vehicle Registration</li> <li>NB Driver's License or Identification Card</li> <li>Child Tax Benefit Statement</li> <li>NB Property Tax Bill</li> </ul>

<b>LIST 4: ADDITIONAL DOCUMENTS THAT MAY BE REQUIRED</b> <b>These documents must show full legal name and date of birth.</b>	
SCENARIO	ADDITIONAL DOCUMENTS REQUIRED
<b>International student:</b>	Proof of enrollment for a full school/academic year. <i>Note: The Acceptance Letter is not accepted as it is not considered proof of enrollment.</i>
<b>Student from another Province/Territory (not an international student):</b>	Proof that your coverage has ended in your previous Province/Territory.
<b>Your name changed since your documents were issued:</b>	Proof of name change such as: <u>Canadian</u> <ul style="list-style-type: none"> <li>Marriage Certificate.</li> <li>Legal Name Change Document.</li> <li>Birth Certificate.</li> </ul> <u>Non-Canadian</u> <ul style="list-style-type: none"> <li>Valid IRCC Immigration document displaying the name change (Permit/COPR/PR Card).</li> </ul>
<b>One or more of your work permits is about to expire:</b>	Proof of implied or maintained status from Immigration, Refugee and Citizenship Canada such as: <ul style="list-style-type: none"> <li>Acknowledgment of Receipt Letter.</li> <li>Confirmation Letter.</li> </ul>
<b>Additional documents that allowed you to reside/work/study in your previous country:</b>	Provide all the documents from this list that allowed them to reside/work/study in that country: <ul style="list-style-type: none"> <li>Permanent Resident Card.</li> <li>Permit/Visa.</li> <li>Certificate of Naturalization.</li> <li>Certificate of Citizenship.</li> <li>Foreign Passport.</li> <li>Commuter Card.</li> <li>Native Status Card</li> </ul>
<b>Reservists of the Canadian Armed Forces who are not covered:</b>	Provide the section of the contract that proves the Canadian Armed Forces is not providing coverage.

**PLEASE REVIEW THE FOLLOWING TO AVOID DELAYS IN PROCESSING YOUR REQUEST.**

- Do not send original documents; they will not be returned.
- It is important to provide a contact number should Medicare need to contact you.
- Your current physical address must be provided even if your mailing address is different. You cannot apply for New Brunswick Medicare prior to your arrival to New Brunswick.
- A separate application must be completed for all children 19 years of age or older. If you are completing this form on behalf of an individual (not a dependant), who is 19 years of age or older, please provide a copy of the legal documentation allowing you to apply on their behalf, i.e., Power of Attorney, or other legal representative documents.
- Please include any relevant court orders or agreements referring to custody of dependants under the age of 19.
- NB residents who provide out-of-country birth certificates must provide Canadian Immigration Records or proof of Canadian Citizenship. Medicare will not determine citizenship for individuals on behalf of Immigration, Refugees and Citizenship Canada.
- Discrepancies with Permanent Resident Documents or Temporary Resident Permits are the responsibility of the applicant and Immigration, Refugees and Citizenship Canada.
- Read and sign the "Resident Declaration" upon completion of the form.
- Signature of Applicant (person completing form) is required.

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

Completed application forms may be mailed to the address on the top of the application form or delivered in person to any Service New Brunswick office.

The information on this form is being collected directly from you or your legal representative and will be used by the Medicare Registration and Eligibility Unit as authorized by the [Medical Services Payment Act](#), the [Right to Information and Protection of Privacy Act](#), and the [Personal Health Information Privacy and Access Act](#), to process your application.

If you have any questions about the collection, use, or disclosure of this information, please contact the Department of Health Corporate Privacy Office at [cpobpvp@gnb.ca](mailto:cpobpvp@gnb.ca).