



NEW BRUNSWICK MEDICARE UPDATES AND CHANGES FORM

IMPORTANT

Before you begin, do you or any of your dependents...

...have a New Brunswick Medicare card that has been expired for MORE than 2 years?

OR

...have been released from a Canadian Correctional Institution?

OR

...have been released from the Canadian Armed Forces?

If you have answered "YES" to any of these questions, do not complete this form. You MUST complete a New Brunswick Medicare Application Form, found at www.gnb.ca/Medicare.

All areas of this form MUST be completed. Incomplete forms will be returned. Refer to "Section 8 - Requirements" for lists of required documents. Please allow four to six weeks, upon receipt by Medicare, for processing.

SECTION 1 - GENERAL INFORMATION

APPLICANT					
Legal Last Name	Legal Given Name(s)	Date of Birth			Office use only
		DD	MM	YYYY	

Gender	Language of Choice	Medicare #
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	

Dependent Information

"Dependant" means the applicant's spouse or child living in the same household as the applicant.

"Child" means the applicant's child, stepchild, legally adopted child, or legal ward 18 years of age or under.

If your child is 19 years of age or older, they must complete their own separate *New Brunswick Medicare Updates and Changes Form*.

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 form. Please provide a Power of Attorney or other supporting legal or medical documentation.

If you are completing this form to add newborn(s) please see "Section 1.1 Birth".

You must attach all the required documentation for yourself, including: your status in Canada, proof of identity, proof of New Brunswick residency, AND required documentation for your dependent(s).

SPOUSE					
Legal Last Name	Legal Given Name(s)	Date of Birth			Office use only
		DD	MM	YYYY	

Gender	Language of Choice	Medicare #
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	

OTHER DEPENDANT					
Legal Last Name	Legal Given Name(s)	Date of Birth			Office use only
		DD	MM	YYYY	

Gender	Language of Choice	Medicare #
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	



OTHER DEPENDANT

Legal Last Name	Legal Given Name(s)	Date of Birth			Office use only
		DD	MM	YYYY	

Gender	Language of Choice	Medicare #
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	

OTHER DEPENDANT

Legal Last Name	Legal Given Name(s)	Date of Birth			Office use only
		DD	MM	YYYY	

Gender	Language of Choice	Medicare #
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	

OTHER DEPENDANT

Legal Last Name	Legal Given Name(s)	Date of Birth			Office use only
		DD	MM	YYYY	

Gender	Language of Choice	Medicare #
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	

1.1 Birth

Required Documentation: [Copy of Canadian Birth Certificate\(s\)](#).

Is there a newborn in the family?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If YES:

BABY A

Legal Last Name	Legal Given Name(s)

Gender	Language of Choice	Date of Birth		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	DD	MM	YYYY

BABY B (Applicable to multiples)

Legal Last Name	Legal Given Name(s)

Gender	Language of Choice	Date of Birth		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	DD	MM	YYYY

BABY C (Applicable to multiples)

Legal Last Name	Legal Given Name(s)

Gender	Language of Choice	Date of Birth		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> English <input type="checkbox"/> French	DD	MM	YYYY



1.2 Death

Required Documentation: Proof of Death, if available.

Are you notifying Medicare of a death?							<input type="checkbox"/> YES	<input type="checkbox"/> NO			
If YES:											
Full Name of Deceased:											
Medicare # of Deceased:											
Date of Death:			DD	MM	YYYY	Date of Birth:			DD	MM	YYYY

1.3 Contact Information

Has your address changed?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES:					
Current Physical Address:					
Apt #, Street # and Street Name		City-Town-Village		Province	Postal Code

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

Telephone Numbers and Email		
Home:	Cell:	Email:

SECTION 2 - REPLACEMENT CARDS

2.1 Lost, Stolen, or Damaged

Has your Medicare card been lost, stolen, or damaged?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, specify reason:			
<input type="checkbox"/> Lost			
<input type="checkbox"/> Damaged			
<input type="checkbox"/> Stolen	For privacy purposes, the stolen card number will be terminated, and a new Medicare number and card will be issued to you. It is your responsibility to notify your service providers of your new Medicare number.		
<input type="checkbox"/> Other(specify):			
A \$10 fee is required for each replacement card, unless you are a recipient of:			
<input type="checkbox"/> Guaranteed Income Supplement	<input type="checkbox"/> Income Assistance	<input type="checkbox"/> A Damage or Misprinted Card	
Name(s) of individual(s) requiring a replacement card:			

2.2 Incorrect Spelling or Date of Birth

Required Documentation: Refer to "Section 8 - List 3".

Is your name spelled incorrectly or is your date of birth incorrect?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES:						
Correct Spelling of Name:						
Correct Date of Birth:		DD	MM	YYYY		



SECTION 3 - RENEWAL REQUEST

Has your Medicare card expired?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES:			
Provide expiry date as it appears on Medicare card:		MM	YYYY

Required Documentation:

Expired within one year:	No proof required.
Expired one year to two years:	Provide proof of identity and New Brunswick residency. <input type="checkbox"/> Proof of identity - Refer to "Section 8 - List 1". <input type="checkbox"/> Proof of New Brunswick residency - Refer to "Section 8 - List 2". <input type="checkbox"/> For non-Canadian residents - Refer to "Section 8 - List 3.10".
Expired over 24 months:	Please fill out a <i>New Brunswick Medicare Application Form</i> : www.gnb.ca/medicare .

SECTION 4 - OUT OF PROVINCE OR COUNTRY ABSENCE

Have you, your spouse, or your dependant(s), left or are planning to leave New Brunswick for more than 30 days?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES:			
Name(s) of individual(s) leaving:			
Date of departure:		DD	MM
		YYYY	YYYY
Date of return:		DD	MM
		YYYY	YYYY
Destination:	<input type="checkbox"/> Unknown date of return.		
Reason for absence:			

Are you, your spouse, or your dependant(s), leaving New Brunswick to attend an educational institution?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES:			
<input type="checkbox"/> Out of Province Student		<input type="checkbox"/> Out of Country Student	
Please specify and provide an Annual Proof of Enrollment from your educational institution.			

SECTION 5 - UPDATES AND CHANGES

5.1 Name Change

Required Documentation: Refer to "Section 8 - List 3.4".

Have any of your names been legally changed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES:			
Requested new name(s):		Previous name(s):	

5.2 Marital Status

Required Documentation: Marriage Certificate - Refer to "Section 8 - List 3.6".

Has your marital status changed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES:			
Please ensure you have completed "Section 1: Spouse" above, if applicable.			
<input type="checkbox"/> Divorced / Separated		<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law

5.3 Gender

Required Documentation: Refer to "Section 8 - List 3.5".

Has your gender assigned at birth changed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES:			
Which best describes your change?		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> X	



5.4 Adoption

Required Documentation: Copy of Adoption Order - Refer to "Section 8 - List 3.9".

Have you recently adopted a child?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES:					
Previous Legal First & Last Name of Child:					
Requested Legal First & Last Name of Child:					
Child's Date of Birth:	DD	MM	YYYY		

5.5 Organ Donor Change

If you are an organ donor, it is indicated as "D" on the front of your Medicare card.

Please indicate the names of the individuals requesting a change in organ donor status.					
Do you want to be an organ donor?					
First Name:		Last Name:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
First Name:		Last Name:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
First Name:		Last Name:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
First Name:		Last Name:		<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 6 - RESIDENT DECLARATION

Please read carefully.	
<p>The <i>Medical Services Payment Act</i> 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".</p> <p>Maintaining a dwelling, owning property in the province of New Brunswick, or paying New Brunswick property or income tax does not mean you are eligible for insured services under New Brunswick Medicare.</p> <p>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".</p>	
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.

Please Note:

- The same document may **not** be used to satisfy more than one requirement.

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

LIST 1: SUPPORT OF IDENTITY
<i>Document must display your full name and date of birth.</i>
<ul style="list-style-type: none"> • Canadian or translated Birth Certificate • Foreign Birth Certificate (translated to French or English) • Valid New Brunswick Driver's License or Identification Card • Valid Canadian Passport • Valid Foreign Passport (must include page with picture and page with last entry date stamp) • Canadian or translated Baptismal Certificate (only if place and date of birth indicated) – to French or English • Certificate of Canadian Citizenship (front and back) • Canadian Native Status Card (front and back) • Previous Provincial/Territorial Health Card

LIST 2: PROOF OF RESIDENCY IN NEW BRUNSWICK	
<i>Document must be valid and current and display applicant's name and NB residential address as provided to Medicare</i>	
<ul style="list-style-type: none"> • Mortgage Document • Rental or Lease Agreement • Utility Bill (phone, energy, cable/satellite, waste/sewer) • Employment Confirmation (pay stub/letter from employer on company letterhead) • Insurance Policy (home, tenant, auto) 	<ul style="list-style-type: none"> • NB Motor Vehicle Registration • Valid NB Driver's License or Identification Card • Child Tax Benefit Statement • NB Property Tax Bill

LIST 3: TYPE OF CHANGE	
<i>Please provide copies</i>	
3.1	<p>Power of Attorney:</p> <ul style="list-style-type: none"> • The full Power of Attorney documents are required if you are completing this form on behalf of a current Medicare client who is 19 years of age or older.
3.2	<p>Incorrect date of birth / Incorrect spelling of name(s):</p> <ul style="list-style-type: none"> • Born in Canada: A copy of birth certificate or a copy of valid Canadian passport required. • Not in born Canada – Refer to "Section 8 – Requirements, List 3.10".
3.3	<p>Address change *Required fields*:</p> <ul style="list-style-type: none"> • Indicate all family members affected by address change by listing them in "Section 1 - General Household Information" of this form. • Apartment # if applicable. • P.O. Box, Rural Route, or General Delivery: you must also provide your residential (physical) address.
3.4	<p>Name change:</p> <ul style="list-style-type: none"> • Returning to previous birth last name: <ul style="list-style-type: none"> ▪ Born in Canada: provide a COPY of Canadian birth certificate. ▪ NOT born in Canada: Refer to "Section 8 – Requirements, List 3.10". • Marriage: provide a copy of marriage certificate to change last name, along with information on spouse. • Other reasons: require a copy of the legal name change document.
3.5	<p>Gender change:</p> <ul style="list-style-type: none"> • Complete <i>New Brunswick Medicare Updates and Changes Form</i>, and provide a copy of NEW birth certificate, or valid NB Drivers License, or valid NB Identification Card, indicating new gender.
3.6	<p>Marriage (or common law):</p> <ul style="list-style-type: none"> • Provide spouse's name, date of birth and Medicare number (if applicable). • If spouse is a primary caregiver of dependents, a copy of legal custody documents may be required.
3.7	<p>Divorce or separation:</p> <ul style="list-style-type: none"> • Provide identifying information on ex-spouse: name, date of birth, Medicare number and address (if known). • Indicate with whom DEPENDENTS are residing, if applicable. A copy of legal custody documents may be required.
3.8	<p>Addition of dependents under the age of 19:</p> <ul style="list-style-type: none"> • Copy of legal custody documents and/or guardianship order, along with a letter containing identifying information for all affected members. • If NO legal documentation: A letter signed by both the parent/guardian and the child (16 or older) indicating primary household as a point of contact.

LIST 3: TYPE OF CHANGE

Please provide copies

3.9	<p>Adoption under the age of 19:</p> <ul style="list-style-type: none"> Born in NB: Please provide a copy of the birth certificate and legal adoption documents. Not born in NB: <i>New Brunswick Medicare Application Form</i> must be completed with legal documentation. Please go to www.gnb.ca/Medicare and complete the online <i>New Brunswick Medicare Application Form</i>.
3.10	<p>Non-Canadian Residents Renewals and Changes:</p> <ul style="list-style-type: none"> Permit-Holders: <ul style="list-style-type: none"> Valid <i>IRCC</i> permit: International Students will also need to submit a proof of enrollment for a full school/academic year. Note: The Acceptance Letter is not accepted. Permanent Residents: <ul style="list-style-type: none"> If you received a renewal letter from Medicare, please complete it, and return to the address listed. If your status in Canada has changed since your last Medicare renewal, please submit a copy of: <ul style="list-style-type: none"> Your Confirmation of Permanent Residence document, or The front and back of your valid Canadian Permanent Resident card, or The front and back of your Certificate of Canadian Citizenship document (or valid Canadian passport). Name and/or date of birth changes: <ul style="list-style-type: none"> A name changes and/or a change in the date of birth, requires a copy of the individual's Immigration, Refugees and Citizenship Canada (<i>IRCC</i>) document. Changes will only be made to reflect what appears on this document. Note: If the name change is due to marriage, we cannot change your name based on your marriage certificate. You must provide us with an <i>IRCC</i> document showing your new name.

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.
- If you are completing this form on behalf of an individual (not a dependant), who is 19 years of age or older, you must provide a 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.

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.