



Community Development

HEALTH – NON-INSURED APPLICATION

General Overview

This program helps members that need emergency travel to see immediate family who are in critical condition. Travel rates vary. It also helps with paying up to \$200 for medication, vision, or dental that is not covered by NIHB. Elders 65 years and up can receive up to \$600 towards medical, vision, or dental that is not covered by NIHB, as they have higher medical needs.

Applying for Emergency Travel:

- The hospital that your immediate family member is located at.
- Your relationship to the family member in critical condition.
- Nature of the critical condition. (example: heart attack, on life support)

Applying for Non-Insured benefits:

- Quote or Invoice
- Proof that there is no coverage. Will usually be located on the invoice from the optometrist, dental office, or pharmacy. If it is not on the invoice you will need to request it from the office.

Please allow sufficient time for your application to be reviewed, we require 10 business days to process any applications.

Application information

Full name:	_____	Date:	_____
	<i>Last</i> <i>First</i> <i>M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address</i> <i>Apt/Unit #</i>		
	_____	Email:	_____
	<i>City</i> <i>Prov</i> <i>Postal Code</i>		
Status Number:	_____	Date of Birth:	_____

