



# Compassionate Travel Program Application Form

Nunavut Tunngavik Inc.'s (NTI) Compassionate Travel Program provides assistance for air travel for a maximum of two (2) family members who wish to travel to see a family member who is terminally ill and facing imminent death. This program also allows 10 per cent of its annual budget to be used by individuals who wish to visit gravesites of loved ones buried in southern Canada.

Please refer to the Compassionate Travel Program Description for eligibility requirements.

**Beneficiary Programs Administrator**  
Department of Human Resources  
Nunavut Tunngavik Inc.  
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Toll Free: 1-888-236-5400  
Website: www.tunngavik.com

## PERSONAL INFORMATION 1

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relation to individual: \_\_\_\_\_

Nunavut Beneficiary identification number: \_\_\_\_\_

Travel from: \_\_\_\_\_

To: \_\_\_\_\_

Contact number: \_\_\_\_\_

Signature: \_\_\_\_\_

Departure date: \_\_\_\_\_

Return Date: \_\_\_\_\_

(Maximum of 30 days)

## PERSONAL INFORMATION 2

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Relation to individual: \_\_\_\_\_

Nunavut Beneficiary identification number: \_\_\_\_\_

Travel from: \_\_\_\_\_

To: \_\_\_\_\_

Contact number: \_\_\_\_\_

Signature: \_\_\_\_\_

Departure date: \_\_\_\_\_

Return Date: \_\_\_\_\_

(Maximum of 30 days)

Please provide a copy of a doctor's letter or the application will not be processed

Name of individual that is terminally ill (facing imminent death): \_\_\_\_\_

Beneficiary # of individual that is terminally ill (facing imminent death): \_\_\_\_\_

### FOR OFFICE USE ONLY

Application accepted: \_\_\_\_\_ Benefit taken up: \_\_\_\_\_

Travel warrant # \_\_\_\_\_