



Change, Correction & Record of Death

This form is to be used for the following purposes:

1. Change of name and/or address;
2. Correction of name and/or address;
3. Record death of a beneficiary.

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Previous Information

1. Name as written on Enrolment List:

2. Beneficiary ID Number:

Requesting a card: Yes: No:

3. Health Care Number:

4. Social Insurance Number:

5. Maiden Name (if applicable):

New Information

6. Last Name:

First Name:

Middle Name:

7. Mailing Address:

8. Home telephone number: ()

9. Work telephone number (if applicable): ()

Other Information

10. Date of Birth:

11. Marital Status:

Married

Divorced

Common-Law

Separated

Single

Widow

Widower

Spouse Information (if applicable)

12. Full Name:

13. Social Insurance Number:

14. Health Care Number:

15. Date of Birth:

In Case of Death ONLY

If recording a death, fill out the PREVIOUS INFORMATION section for the deceased and provide:

16. Date Of Death:

I hereby declare that the above information is accurate and true to the best of my knowledge.

Signature

Date