



# Bereavement Travel Program Application Form

Benefits Agreement Coordinator  
P.O. Box 18  
Cambridge Bay, NU X0B 0C0  
Tel: (867) 983-2458  
Fax: (867)983-2701  
Email: [benefits\\_coord@kitia.ca](mailto:benefits_coord@kitia.ca)

## Please Check one:

- Funeral within the Kitikmeot Region:** air travel for a maximum of two (2) family members who wish to travel to attend the funeral of a family member in another Nunavut community.
- Funeral within Canada:** air travel for a maximum of two (2) family members who wish to travel to attend the funeral of an **immediate family member** outside of Nunavut, but not outside of Canada. (Eligible relatives include grandmother, grandfather, mother, father, daughter, son, sister, brother, grandchildren.)
- Shipment of Remains in Lieu of Travelers:** where a Beneficiary registered to a Kitikmeot community passes away outside of their home community, shipment of remains in lieu of travellers may be considered.

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APPLICATION DATE: \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_

BENEFICIARY # OF DECEASED: \_\_\_\_\_

PLACE OF FUNERAL: \_\_\_\_\_

DATE OF FUNERAL: \_\_\_\_\_

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### Traveler 1: Information

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RELATION TO DECEASED: \_\_\_\_\_

NUNAVUT BENEFICIARY IDENTIFICATION NUMBER: \_\_\_\_\_

TRAVEL FROM: \_\_\_\_\_

TRAVEL TO: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

### Traveler 2: Information

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RELATION TO DECEASED: \_\_\_\_\_

NUNAVUT BENEFICIARY IDENTIFICATION NUMBER: \_\_\_\_\_

TRAVEL FROM: \_\_\_\_\_

TRAVEL TO: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

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- Please refer to the Bereavement Travel Program Description for eligibility requirements.
  - Must travel before funeral date (Maximum of 30 days)
  - Once travel arrangements have been made, any changes that require change fees will be at the expense of the traveler.
  - Please provide a copy of death certificate or the application will not be processed