



Family Authorization Form

Benefits Agreement Coordinator
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Cambridge Bay
Ikaluktutiak
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Kugluktuk
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Bathurst Inlet
Kingaok
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Bay Chimo
Umingmaktok
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Gjoa Haven
Okhoktok
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Taloyoak
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Kugaaruk
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Date: _____

Family Contact: _____

Relation: _____

Contact Number: _____

Email or Fax #: _____

We the immediate family members of _____ of
(Name of terminally ill or deceased)

_____ Are requesting that Kitikmeot Inuit Association (KIA)
(Community)

provide assistance to the following two (2) individuals:

(Name)

(Community)

(Name)

(Community)

Signature (Authorized Family Contact)

(Print Name)

The terminally ill or deceased person must be a family member. Eligible relatives include grandmother, grandfather, mother, father, daughter, son, aunt, uncle, sister, brother, grandchildren. Leniency in family relations may be exercised by the authoritative body respecting in order to honor the wishes of the immediate family and who they have chosen to benefit from the program (cousins, stepparents, in-laws, close friends)

Travelers must be Nunavut Beneficiaries.

This application should normally be completed by the Spouse, Parent, Next of Kin or Oldest Child.