



Compassionate 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

Kitikmeot Inuit Association's (KIA) Compassionate Travel Program provides financial 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.

Please Check one:

- Patient within the Kitikmeot Region:** air travel for a maximum of two (2) family members who wish to travel to visit a terminally ill family member in another Nunavut community.
- Patient within Canada:** air travel for a maximum of two (2) family members who wish to travel to visit an **immediate family member** outside of Nunavut, but not outside of Canada. (Eligible relatives include grandmother, grandfather, mother, father, daughter, son, sister, brother, grandchildren.)

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

APPLICATION DATE: _____

NAME OF INDIVIDUAL THAT IS TERMINALLY ILL (FACING IMMINENT DEATH): _____

BENEFICIARY # INDIVIDUAL THAT IS TERMINALLY ILL (FACING IMMINENT DEATH): _____

Traveler 1: Information

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

RELATION TO INDIVIDUAL: _____

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 INDIVIDUAL: _____

NUNAVUT BENEFICIARY IDENTIFICATION NUMBER: _____

TRAVEL FROM: _____

TRAVEL TO: _____

CONTACT NUMBER: _____

SIGNATURE: _____

DEPARTURE DATE: _____

RETURN DATE: _____

- Please refer to the Compassionate Travel Program Description for eligibility requirements.
- 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 a doctor's letter or the application will not be processed

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