

Nisga'a Valley Health Authority

New Member

Date: May.30/31.23

 \square Replacement

Nisga'a Health Benefits Application

Full Legal Name:				
Date of Birth:	Gender:	☐ Female	☐ Male	□Other
Phone Number:	Cell Number:			
Address:	City/T	own:		
Postal Code: Email Addre	ess:			
MSP Care Card Number:				
Nisga'a Citizen # : eligibility and enrollment at 1-888-311-94				nber, call
Status Number:				gistered with, this
Parents Informat	ion Registe	ered with NLG/	' Status	
Full Legal Name:				
Status #:	_ NLG #: _			
Full Legal Name:		· · · · · · · · · · · · · · · · · · ·		
atus #: NLG #:				
I certify that the information provided is to be representative.	true and th	nat I am the subj	ect of the form	n or an authorized
Signature			Date	

Submit to: nisgaabenefits@nisgaahealth.bc.ca / FAX: 250-633-2160 / NVHA Reception Saksgum Gandidils – Healthy Minds, Healthy Bodies, Healthy Spirits
Respectfully,

Nisga'a Health Benefits and Patient Travel