



BEREAVEMENT TRAVEL PROGRAM APPLICATION FORM 1

Qikiqtani Inuit Association (QIA) Bereavement Travel Program helps with air travel for a maximum of two (2) family members who wish to attend the funeral of a family member in another Nunavut Community.

Please see the Bereavement Travel Program Description for eligibility requirements.

Qikiqtani Inuit Association
Assistant Executive Director
P.O. Box 1340, Iqaluit, NU, X0A 0H0
Tel: (867) 975-8400 Toll Free: 1-800-667-2742
Email: Griefandbereavement@qia.ca
Website: www.qia.ca

Person Information:1		Person Information: 2	
Last Name		Last Name	
First Name		First Name	
Date of Birth		Date of Birth	
Relationship to Individual		Relationship to Individual	
NTI Number		NTI Number	
Travel From		Travel From	
Travel To		Travel To	
Departure Date		Departure Date	
Return Date		Return Date	
Contact Number		Contact Number	
Email		Email	
Signature		Signature	

DECEASED INFORMATION			
Last Name of Deceased			
First Name of Deceased			
NTI Number of deceased			
Date of Birth of deceased			
Confirmation letter of Proof of Death	YES	NO	
Death Certificate Form	YES	NO	
Location of Funeral (Community)		Date of Funeral	



BEREAVEMENT TRAVEL PROGRAM APPLICATION Letter From Authority FORM 2

TO:
Qikiqtani Inuit Association
Community Liaison Officer
P.O. Box 1340 Iqaluit, NU, X0A 0H0
Phone: (867) 975-8400 Toll Free: 1-800-667-2742
Email: Griefandbereavement@qia.ca
Website: www.qia.ca

From:

P.O. Box _____, _____ NU, X0____ - 0
Tel: _____
Cellphone: _____
Email: _____

Letter from Applicant

We, the immediate family member of the late _____
(Name of deceased)

Of _____ are requesting that Qikiqtani Inuit Association (QIA)
(community)

provide assistance to the following two (2) Nunavut Land Claim Beneficiaries:

(Name)

(Community)

(Name)

(Community)

Authorized Family Member Signature

Print Name

Date

QIA's Bereavement Travel Program provides financial assistance for air travel for a maximum of two family members who wish to attend the funeral of a family member or to help pay for the shipment of the remains of the deceased family member.

Who is considered to be a family member?

Grandmother, grandfather, mother, father, daughter, son, aunt, uncle, sister, brother, and grandchildren.



PROOF OF DEATH FORM 3

From: _____

Address: _____

Phone #: _____

Email: _____

Date: _____

TO:

Qikiqtani Inuit Association

Community Liaison Officer

P.O. Box 1340 Iqaluit, NU, X0A 0H0

Phone: (867) 975-8400 Toll Free: 1-800-667-2742

Email: Griefandbereavement@qia.ca

Website: www.qia.ca

Dear Qikiqtani Inuit Association,

This Letter is to inform you that _____ has passed away. He

/ She was resident of _____.

He / She died on _____.

His / Her NTI Enrolment Number was _____.

We, the family of the late _____ is / are requesting for support
through the QIA bereavement assistance program.

Thank-you for your assistance.

Please contact me at _____ or I can be contacted by email

at _____ if you require any other information or have any
questions.

Sincerely,



BEREAVEMENT and COMPASSIONATE TRAVELER'S NOTICE

NA beneficiaries who are accessing the Bereavement and Compassionate Travel Program.

Qikiqtani Inuit Association does not cover/pay for the following:

- 1) Accommodations/Hotel of any kind
- 2) Meals or per diems
- 3) Ground transportation (Taxi, bus, etc.)
- 4) Change fees relating to airline bookings made by QIA

It is the traveler's responsibility to ensure they are at the airport and checked in on time.

QIA through travel agent will book most direct flights, avoiding layovers when and where possible.

The Community Liaison Officer should be contact to assist in travel date changes for only the following factors:

- a. Flights cancelled due to weather
- b. Flights cancelled due to mechanical

If the traveler decides to make further changes to the dates of travel, the traveler must call the airline/s two (2) days in advance. The traveler will pay the change fees and other costs.

QIA is not responsible for any further arrangements due to missed flight, or changes to original bookings.

I _____ acknowledge that I have read and understand the notice above.

Signed this day of _____, 20_____.

Signature: _____

AGREEMENT

- a) Chosen family member(s) must travel before the funeral date for up to a maximum of 30 days
- b) It is the responsibility of the travelers to make any flight changes and pay the change fees incurred, after flight bookings have been confirmed. The traveler can call the airline directly at 1-800-267-1247.
- c) Other Regional Inuit Association applications are not accepted for the Nunavut Bereavement Travel Assistance Program

