



## COMPASSIONATE TRAVEL PROGRAM APPLICATION FORM 1

Qikiqtani Inuit Association (QIA) Compassionate Travel Program provides assistance for air travel for a maximum of three (3) family members who is terminally ill and facing imminent death.

Please see the Compassionate Travel Program Description for eligibility requirements.

Qikiqtani Inuit Association  
Assistant Executive Director  
200-922 Sivumugiaq St.  
Iqaluit, NU, X0A 3H0  
Tel: (867) 975-8400 Toll Free: 1-800-667-2742  
Email: [Griefandbereavement@qia.ca](mailto:Griefandbereavement@qia.ca)  
Website: [www.qia.ca](http://www.qia.ca)

| Personal Information: 1    |  |                |  |
|----------------------------|--|----------------|--|
| Last Name                  |  | Travel From    |  |
| First Name                 |  | Travel To      |  |
| Date of Birth              |  | Departure Date |  |
| Relationship to Individual |  | Return Date    |  |
| NTI Number                 |  | Contact Number |  |
| Email                      |  |                |  |

| Personal Information: 2    |  |                |  |
|----------------------------|--|----------------|--|
| Last Name                  |  | Travel From    |  |
| First Name                 |  | Travel To      |  |
| Date of Birth              |  | Departure Date |  |
| Relationship to Individual |  | Return Date    |  |
| NTI Number                 |  | Contact Number |  |
| Email                      |  |                |  |

| Personal Information: 3    |  |                |  |
|----------------------------|--|----------------|--|
| Last Name                  |  | Travel From    |  |
| First Name                 |  | Travel To      |  |
| Date of Birth              |  | Departure Date |  |
| Relationship to Individual |  | Return Date    |  |
| NTI Number                 |  | Contact Number |  |
| Email                      |  |                |  |



| TERMINALLY ILL INFORMATION (FACING IMMINENT DEATH) |                              |                             |
|--|------------------------------|-----------------------------|
| Last Name  |                              |                             |
| First Name   |                              |                             |
| NTI Number   |                              |                             |
| Date of Birth                                      |                              |                             |
| Doctor or Nurses Letter Attached                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Location of Patient                                |                              |                             |



## COMPASSIONATE TRAVEL PROGRAM APPLICATION Letter From Authority FORM 2

TO:  
Qikiqtani Inuit Association  
Community Liaison Officer  
200-922 Niaqunngusiariaq St, NU  
X0A 3H0  
Phone: (867) 975-8400 Toll Free:  
1-800-667-2742  
Email: [Griefandbereavement@qia.ca](mailto:Griefandbereavement@qia.ca)  
Website: [www.qia.ca](http://www.qia.ca)

From: \_\_\_\_\_  
P.O. Box \_\_\_\_\_, \_\_\_\_\_ NU, -  
Tel: \_\_\_\_\_  
Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Letter from Applicant

We, the immediate family member of the late \_\_\_\_\_  
(Name of patient facing imminent death)

Of \_\_\_\_\_ are requesting that Qikiqtani Inuit Association (QIA)  
(community)

provide assistance to the following three (3) Nunavut Land Claim Beneficiaries:

\_\_\_\_\_  
(Name) (Community)

\_\_\_\_\_  
(Name) (Community)

\_\_\_\_\_  
(Name) (Community)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Who is considered to be a family member?

Eligible “family members” include grandmother, grandfather, mother, father, spouse, daughter, son, sister, brother, grandchildren, aunt, uncle, niece, and nephew. Flexibility in family relations may be exercised by an RIA in order to respectfully honor the wishes and choices of next of kin or the immediate family members.



## CONFIRMATION FROM DOCTOR OR NURSE FORM 3

To be filled out by a Health Care  
Official (Doctor or Nurse)

From: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_

TO:  
Qikiqtani Inuit Association  
Community Liaison Officer  
200-922 Niaqunngusiariaq St, NU, X0A 3H0  
Phone: (867) 975-8400 Toll Free: 1-800-667-2742  
Email: [Griefandbereavement@qia.ca](mailto:Griefandbereavement@qia.ca)  
Website: [www.qia.ca](http://www.qia.ca)

Dear Qikiqtani Inuit Association,

This Letter is to inform you that \_\_\_\_\_ is facing imminent  
death. He / She is a resident of \_\_\_\_\_. He / She currently located  
at \_\_\_\_\_ hospital.  
His / Her NTI Enrolment Number is \_\_\_\_\_.

Please contact me at phone number \_\_\_\_\_ or I can be contacted  
by email if you require any other information or have any questions.

Sincerely,

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_



## **BEREAVEMENT and COMPASSIONATE TRAVELER'S NOTICE**

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

We now have a new Bereavement and Compassionate policy that came into effect on April 1, 2024. Notable updates to the program policy include:

1. Up to three (3) family members are now eligible to claim compassionate and bereavement travel benefits;
2. The shipment of remains is now included, on top of the 3 travel benefits;
3. If a connecting flight was delayed due to weather, and a traveler is required to cover his/her own accommodation, the Program may cover hotel cost for up to four (4) nights or \$1,000, whichever is lower, or up to four (4) nights of billeting cost at \$100 per night.
4. Program does not cover accommodation costs at the originating or final destination, or any meal costs or per-diems.
5. Gas costs can now be claimed on a reimbursement basis, up to the total value of 3 plane tickets or \$6000 – whichever is lower if a family chooses to travel to their destination by means other than air transport.
6. One (1) discretionary change will be allowed free of charge. Additional changes will be at a cost of \$100 per change.
7. Hotel or billeting costs will be covered on a reimbursement basis, with supporting documents. (Example: Billet Invoice)

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 funeral of the family member has already taken place, applications will still be considered if they are made within one week of the funeral and the travel will take place within 30 days of the funeral. The travel coverage provided above is a one-time financial assistance.



To be eligible for financial assistance, the terminally ill or deceased person must be a family member, and

- is/was enrolled under the Nunavut Agreement or with associated community in the region from which the financial assistance is requested pursuant to this Policy; or
- is/was the spouse or parent of an Inuk enrolled under the Nunavut Agreement or with associated community in the region from which the financial assistance is requested pursuant to this Policy.
- 2.7 A recipient (Inuk/Inuit) of financial assistance pursuant to this Policy must also be enrolled under the Nunavut Agreement and is a family member of the individual who is terminally ill and facing imminent death or has died. Proof of illness and/or death issued by the local health center, doctor, funeral home, or a relevant government agency will be required using forms/templates

Prescribed by an RIA or in the form of an official document such as a death certificate.

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

Signed this day of \_\_\_\_\_, 20\_\_\_\_\_.

| FOR OFFICE USE ONLY  |                              |                             |
|----------------------|------------------------------|-----------------------------|
| Application accepted | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| TEC Number           |                              |                             |
| Director's Signature |                              | Date:                       |