



BEREAVEMENT TRAVEL PROGRAM APPLICATION FORM 1

Qikiqtani Inuit Association (QIA) Compassionate Travel Program provides assistance for air travel for a maximum of two (2) 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 Niaqunngusiarq St.
Iqaluit, NU, X0A 3H0
Tel: (867) 975-8400 Toll Free: 1-800-667-2742
Email: Griefandbereavement@qia.ca
Website: 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		Signature:	

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		Signature:	

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		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 <input type="checkbox"/>	NO <input type="checkbox"/>	
Death Certificate Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Location of Funeral (Community)		Date of Funeral	



BEREAVEMENT TRAVEL PROGRAM APPLICATION Letter From Authority FORM 2

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

From: _____
P.O. Box _____, _____ NU, X0 -
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)

(Name)

(Community)

Print Name

Authorized Family Member Signature

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 a RIA in order to respectfully honor the wishes and choices of next of kin or the immediate family members.



**PROOF OF DEATH
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 Niaqunngusiarq St, NU, X0A 3H0
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,

Print Name: _____ Position: _____
Signature: _____



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 centre, doctor, funeral home or a relevant government agency will be required using forms/templates

Prescribed by a 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_____.

Print:_____.

Signature:_____.

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