

COMPASSIONATE 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 Niaqunngusiariaq St.

Iqaluit, NU, XOA 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:	

TERMINALLY ILL INFORMATION (FACING IMMINENT DEATH)				
Last Name				
First Name				
NTI Number				
Date of Birth				
Doctor or Nurses Letter Attached	YES	NO		
Location of Patient				



COMPASSIONATE TRAVEL PROGRAM APPLICATION Letter From Authority FORM 2

o. Rigtani Inuit Association	P.O. Box,NU, X0 - Tel: Cellphone:			
ommunity Liaison Officer 00-922 Niaqunngusiariaq St, NU 0A 3H0				
none: (867) 975-8400 Toll Free:				
800-667-2742	Email:			
nail: <u>Griefandbereavement@qia.ca</u> ebsite: <u>www.qia.ca</u>	Email:			
ebsite. www.qia.ca				
etter from Applicant				
We, the immediate family member of the	(Name o	f deceased)		
Ofare re (community)	equesting that Qikiqt	ani Inuit Association (QIA))	
(community)				
provide assistance to the following two (2) Nunavut Land Clain	າ Beneficiaries:		
(Name)		(Community)		
(Name)		(Community)		
(Name)		(Community)		
		• •		
Print Name		Authorized Family Memb	er Signature	
	<u></u>			
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.

CONFIRMATION FROM DOCTOR OR NURSE FORM 3

From:	Official (Doctor or Nurse)
Address:	
Phone #:	
Email:	
Date:	
TO: Qikiqtani Inuit Association Community Liaison Officer 200-922 Niaqunngusiariaq St, NU, XOA Phone: (867) 975-8400 Toll Free: 1-800 Email: <u>Griefandbereavement@qia.ca</u> Website: <u>www.qia.ca</u>	
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
athospital.	
His / Her NTI Enrolment Number is	<u>.</u>
Please contact me at phone number _	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	5		NO	
TEC Number					
Director's Signature			Date:		