

Please fill out this form if you will be away from Yukon for three months or more.

Information is being collected under the authority of the *Health Care Insurance Plan Act* for the purpose of determining program eligibility. Queries should be directed to Registration at (867) 667-5209 or toll free 1-800-661-0408, or in writing at H-2, Box 2703, Whitehorse, Yukon Y1A 2C6.

You may obtain a written statement of Health and Social Services information practices at www.hss.gov.yk.ca/healthprivacy.php.

Yukon Health Care Insurance Plan number:

0 0 2 - _ _ _ - _ _ _

Name:

First Middle Initial Last

Reason for absence: _____

Signature: _____

Leave date: _____
YYYY-MM-DD

Return date: _____
YYYY-MM-DD

Yukon address:

PO Box or Street Address

City Yukon Province/Territory

Postal Code

Yukon phone number: _____

Email address: _____

Temporary address while away:

PO Box or Street Address

City Province/Territory

Postal Code Country

FOR OFFICE STAFF ONLY	
Received by:	_____
Entered:	_____ YYYY-MM-DD

NOTE: YOU MUST PUT A YUKON ADDRESS AND RETURN DATE.

FORMS CAN BE RETURNED VIA:

- Fax:** 867-393-6486
- Email:** yukon.healthcare@gov.yk.ca
- Mail:** Insured Health Services H-2
PO Box 2703 Whitehorse, Yukon Y1A 2C6
- In person:** 4th Floor, Financial Plaza,
204 Lambert Street, Whitehorse, Yukon

If you have questions, please contact us via one of the methods indicated, or call 867-667-5209.

When you return from your absence, you must contact Insured Health Services to inform them you are back in Yukon.

RETURN FROM TEMPORARY ABSENCE

When you return to Yukon, please present in person to Insured Health Services where you will be asked to sign and date the bottom portion of this form. If you have returned to Yukon but are not in Whitehorse please call us to make alternate arrangements.

Return date: _____
YYYY-MM-DD

Signature: _____

FOR OFFICE STAFF ONLY	
Received by:	_____