



First Nations Health Authority
Health through wellness

540 - 757 West Hastings Street
Vancouver, BC
Canada V6C 1A1

T 1.800.317.7878
F 1.888.299.9222
www.fnha.ca

MANDATORY INFORMATION REQUIRED FROM ALL ITINERANT WORKERS

1.) YOUR OCCUPATION	
2.) NAME OF YOUR EMPLOYER	
3.) LOCATION/HOME BASE OF YOUR EMPLOYER	
4.) PLEASE CONFIRM YOUR PRIMARY OR ONLY RESIDENCE TO BE THE PROVINCE OF BRITISH COLUMBIA (circle)	YES NO
5.) LENGTH OF TIME YOU WILL BE AN ITINERANT WORKER?	
6.) PLEASE INDICATE YOUR ROTATION/ASSIGNMENT FOR THE UPCOMING YEAR. (Please be advised if you are unable to provide specific dates for question 6 you <u>MUST</u> notify Health Insurance BC (1-800-663-7100) of each absence and return)	
7.) WHAT ARE THE DATES YOU HAVE ALREADY BEEN AWAY FROM BC FOR WORK THIS YEAR?	
8.) PLEASE CONFIRM THAT YOU RETURN TO BC IMMEDIATELY FOLLOWING EVERY COMPLETION OF ASSIGNMENT/ROTATION. (If no, please indicate why)	YES NO (indicate why)

I declare that all information is true and I understand that the Ministry of Health and/or Health Insurance BC may verify this information.

SIGNATURE OF APPLICANT

DATE SIGNED

PHN (Personal Health Number)