

APPLICATION FOR SPECIAL ASSISTANCE FUNDING FOR INFERTILITY TREATMENT

Personal Information				
Last Name:		Previous Last Name: (if applicable)		First Name:
Address:		City-Town-Village		Province
Home Phone Number:		Work Phone Number:		Email:
Valid New Brunswick Medicare Number:				Date of Birth:
				<div>YYYY</div> <div>MM</div> <div>DD</div>

Declaration
<p>I do solemnly declare that:</p> <ul style="list-style-type: none"> I am an ordinarily present permanent, full-time resident of New Brunswick, who has a home in the province. I have been diagnosed by a physician with fertility problems and have received infertility treatment after April 1, 2014. The infertility treatment costs that I am claiming are not eligible for coverage by any other provincial program or private sector insurance plan. I acknowledge and understand that I may claim eligible incurred costs of medical procedures and pharmaceutical products up to 50% of infertility treatments, or \$5,000, whichever is less. I acknowledge and understand that costs associated with infertility treatment incurred outside of the Province of New Brunswick will be eligible, only if the specific treatments are unavailable in-province and confirmation of this, by a New Brunswick fertility clinic, is included with the claim. I have attached documentation indicating that I have been diagnosed with infertility and an original invoice / receipt from an approved clinic which identifies the date the infertility treatment services (in vitro fertilization, intrauterine insemination) were rendered. I acknowledge and understand that reimbursement is limited to a one-time per household payout and that no further claims can be submitted, processed, or paid. <p style="text-align: right;">Name of spouse, if applicable: <input type="text"/></p> <ul style="list-style-type: none"> I acknowledge and understand that payment of my claim is subject to government funding. <p>I, the applicant, hereby declare that the information given on this application, and in any documents attached, is correct and complete.</p> <p>Signature of Applicant: _____ Date: _____</p>

Please send the application to the address noted above.