

# APPLICATION FOR NEWFOUNDLAND AND LABRADOR HEALTH CARE COVERAGE

**DO NOT ENTER TEXT ON THIS FORM WHEN IT IS OPEN IN A WEB BROWSER**

**SAVE IT TO YOUR COMPUTER FIRST AND OPEN IT FROM THERE**

**PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THE APPLICATION ON THE REVERSE**

- If you are applying for coverage with the Newfoundland and Labrador Medical Care Plan (MCP) you must complete this form.
- If you are applying for coverage for a newborn or adopted child please complete the Newborn/Adopted Child Registration form.
- All forms are available on our website at [www.gov.nl.ca/mcp](http://www.gov.nl.ca/mcp) and by calling MCP at one of the numbers listed at the bottom of this page.
- There are no charges or fees for MCP cards or registration.

**DOCUMENTS YOU MUST SUBMIT WITH THIS APPLICATION** (Submit clear copies only. Do not submit original documents unless requested.) **Canadian Citizens** moving to Newfoundland and Labrador must provide a clear copy of one of the following documents:

- Valid Canadian Passport or Government issued Proof of Canadian Citizenship.
- Birth Certificate issued by a Canadian province or territory. (Baptismal/Dedication Certificates are not acceptable.)

**Non-Canadians** moving to Newfoundland and Labrador must provide clear copies of the following documents:

- Valid Immigration document from IRCC. (Example: Work Permit; Study Permit; Visitor Permit).
- Valid Passport. (Copy of identification section only.)
- For **International Students**: Letter (issued since your arrival in Newfoundland and Labrador and dated within 30 days of the submission of this form) from your Educational Institution verifying full-time enrolment.
- For **International Workers**: Letter (issued since your arrival in Newfoundland and Labrador and dated within 30 days of the submission of this form) from your Employer verifying full-time employment.

**OR**

- Permanent Resident Card. (A copy of both the front and back of the card is required.)

**MCP may request that additional documentation or originals of the items listed above be presented if deemed necessary.**

## **INELIGIBLE APPLICANTS**

The following are not eligible for MCP coverage:

- Tourists, transients and visitors.
- Members of the Canadian Forces or NATO Forces.
- Inmates of Federal prisons.
- Persons moving to Newfoundland and Labrador for a period of less than one year unless otherwise allowed under MCP criteria.

## **WAITING PERIOD**

If you are moving permanently to Newfoundland and Labrador from another Canadian province or territory you will be covered by your previous Plan for the remainder of the month you arrive in Newfoundland and Labrador plus the following two months. In order to allow sufficient time for administration of the change in coverage from your previous Plan to MCP you should apply for MCP coverage immediately upon arrival in Newfoundland and Labrador.

## **HEALTH CARE CARDS**

If they are eligible for coverage each person listed on the application will receive an MCP identity number and card. Keep the card with you at all times and present it each time you receive medical services. Contact MCP immediately if your card becomes lost, stolen, damaged or destroyed. Card replacement forms are available on-line and at doctors' offices and hospitals throughout the province.

## **INTENT FOR ORGAN/TISSUE DONATION**

Your intent to donate is supported by the *Human Tissue Act*. You can indicate your intent by signing in the space provided on the reverse.

## **SIGNATURE**

This form must be signed by the applicant in Section 6. (If the applicant is under age 16 a parent or legal guardian must sign instead.)

**IT IS IMPORTANT THAT YOU NOTIFY MCP OF CHANGES TO YOUR NAME, ADDRESS OR RESIDENCY STATUS**

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<b>SECTION 1</b>		<b>LIST BELOW YOUR NAME AND THE NAMES OF ANY OF YOUR DEPENDANTS REGISTERING FOR HEALTH CARE COVERAGE</b> (Attach a separate sheet if more space is required)																							
Surname		All Given Names (in full) First Name                      Middle Name				Surname at Birth		Sex/Gender M / F / X		Birth Date YYYY   MM   DD			Previous Province Health Insurance No. (if applicable)												
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<b>SECTION 2</b>		<b>HOME MAILING ADDRESS</b>																							
Home Mailing Address						59 LADYSMITH DRIVE				City / Town		ST JOHN'S		Province NL		Postal Code A1B OG3									
Phone						709-728-7368				Cell Number				709-728-7368				E-mail				vanessachukwu2020@gmail.com			
<b>SECTION 3</b>		<b>MARITAL STATUS (If your spouse-legal or common law-is not already registered with MCP they must also register at this time)</b>																							
Single <input checked="" type="checkbox"/>		Married <input type="checkbox"/>				Common Law <input type="checkbox"/>				Separated <input type="checkbox"/>				Divorced <input type="checkbox"/>				Widowed <input type="checkbox"/>							
<b>SECTION 4</b>		<b>ANSWER ALL OF THE FOLLOWING QUESTIONS (Please print. See reverse for required documentation.)</b>																							
1. Have you or your dependents been registered with MCP before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES please list on a separate sheet the previous MCP numbers (if available) of all persons to be registered.																									
2. When did you and/or your dependents move to Newfoundland & Labrador? (YYYY/MM/DD) <u>2022-12-30</u>																									
3. Are you moving to Newfoundland & Labrador from another part of Canada? <input type="checkbox"/> Yes (Province/Territory) _____ <input checked="" type="checkbox"/> No																									
4. Are you moving to Newfoundland & Labrador from outside Canada? <input checked="" type="checkbox"/> Yes (Country) <u>NIGERIA</u> <input type="checkbox"/> No																									
5. Reason for moving to Newfoundland & Labrador. <input type="checkbox"/> Work <input checked="" type="checkbox"/> Study <input type="checkbox"/> Other																									
6. How long do you intend to reside in Newfoundland & Labrador? <u>10 YEARS</u>																									
7. Have all of your dependents moved with you to Newfoundland & Labrador? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (explain)																									
8. Are any of the applicants listed on this form a member of: <input type="checkbox"/> Canadian Forces <input type="checkbox"/> NATO Forces <input type="checkbox"/> Part-time Reserve Name(s) of applicants _____																									
<b>SECTION 5</b>		<b>INTENT FOR ORGAN/TISSUE DONATION</b> (If anyone named on this form wishes to become an organ/tissue donor, please sign in one of the spaces below. Your intent to donate is supported by the <i>Human Tissue Act</i> . If signing below, please also print your name)																							
Electronic or Written Signature and Printed Name								Electronic or Written Signature and Printed Name																	
Electronic or Written Signature and Printed Name								Electronic or Written Signature and Printed Name																	
<b>SECTION 6</b>		<b>DECLARATION (This application will not be processed if the section below is not completed. See instructions on reverse side of this form.)</b>																							
<b>IT IS AN OFFENCE TO GIVE FALSE INFORMATION FOR THE PURPOSE OF OBTAINING COVERAGE UNDER THE NEWFOUNDLAND &amp; LABRADOR MEDICAL CARE PLAN</b> I <u>VANESSA CHUKWU</u> hereby declare that I am the person named on the form, the information given is correct and the person(s) listed on this form are residents of Newfoundland and Labrador. In lieu of a written signature my typed name on the form shall be considered my electronic signature. Electronic or Written Signature of Applicant: <u>VANESSA CHUKWU</u> Date: <u>2025-08-29</u>																									
<b>PRIVACY NOTICE:</b> The Newfoundland and Labrador Medical Care Plan (MCP) collects personal health information under the authority of the <i>Medical Care and Hospital Insurance Act</i> . Personal health information is collected, used, disclosed and safeguarded in accordance with the <i>Personal Health Information Act</i> (PHIA). If you have any questions about the collection or use of this information please contact our office.																									