



YUKON HEALTH CARE INSURANCE PLAN NOTIFICATION OF RETURN FROM EXTENDED ABSENCE

Who should use this form?

- Yukon residents who have filled out the Notification of Extended Absence form (form # YG3383), and have now returned to Yukon.

Why should you report your return from an extended absence?

- To ensure your continued eligibility for Yukon Health Care Insurance, you must advise Insured Health and Hearing Services upon your return from any extended absence from the territory.

Personal information of person returning – you must provide a current Yukon address.			
Name (first, middle initial, last)		Yukon Health Care Insurance Plan #	
		0	0
Yukon address (PO box or street)			
City		Territory	Postal code
		Yukon	
Home/cell number		Alternate phone number	

Return from absence

I am returning to Yukon from an extended absence. I informed Insured Health and Hearing Services of my extended absence (by filling out the Notification of Extended Absence form (form # YG3383) prior to my departure.

Yes No

I returned to Yukon on: _____ If you were away for education purposes, indicate your graduation date: _____

YYYY/MM/DD YYYY/MM/DD

Declaration

I certify I am a resident of Yukon.

I declare all the information on this form is true and correct.

I understand it is an offence to willfully give false information. I understand the information I have supplied on this notice may be used for administering other programs offered by Insured Health and Hearing Services.

Printed name Signature Date

Send the completed form to Insured Health and Hearing Services by one of the following methods:

Fax: 867-393-6486

Mail: Insured Health Services H-2, PO Box 2703, Whitehorse, Yukon Y1A 2C6

In person: 4th Floor, Financial Plaza, 204 Lambert Street, Whitehorse, Yukon

Note: we cannot accept Return from Extended Absence forms via email.

Questions? Contact us via one of the methods above, email yukon.healthcare@gov.yk.ca, call 867-667-5209 or toll-free at 1-800-661-0408 ext. 5209.

OFFICE USE ONLY

Received by: _____ Date entered (YYYY/MM/DD): _____