



**NON-INSURED HEALTH BENEFITS
PRE-APPROVAL GROUND TRANSPORTATION REQUEST**

To apply for Ground Transportation pre-approval, please fill out **all** of the information below and forward request to:
nihb@nunatsiavut.com or **Fax 709-896-9761**
Beneficiary will be responsible for paying cost up front and submitting for reimbursement.

Section 1: Client Information

Name:		N Number:
Telephone Number:	Email Address:	
Mailing Address:		
Town:	Province:	Postal Code:
Are you set up for Direct Deposit with NIHB? YES: NO:		
If no, to set up Direct Deposit with NIHB, email financedhsd@nunatsiavut.com to request a Direct Deposit form.		

Section 2: Travel Information

Reason for Travel:	
Pick Up Location:	Drop off Location:
Date of Travel:	Time of Travel:
Type of Ground Transportation Requested: Bus Taxi Other	