
**IMPORTANT INFORMATION FOR ALL
INTERIM FEDERAL HEALTH PROGRAM (IFHP) PROVIDERS**

**CHANGES TO THE INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY (IFHC) AND
THE REFUGEE PROTECTION CLAIMANT DOCUMENT (RPCD)**

November 2013

Citizenship and Immigration Canada (CIC) wishes to advise that on November 30, 2013, they will issue IFHP eligibility documents from a new case processing system. This results in the following changes to these documents:

- The Refugee Protection Claimant Document (RPCD), first issued using the new system in December 2012, will continue to be printed on secure paper, with photo. The content has not changed; however, the formatting of this information has changed. See example attached.
- The Interim Federal Health Certificate of Eligibility (IFHC) will now be printed on plain paper, without a photo (it is therefore important for providers to confirm the client's identification by requesting to see another government issued document, with photo). Also, the coverage type has been added and an information box at the bottom of the document highlights client details for use when validating eligibility and submitting claims for processing. See example attached.

Reminder: Even when the document presented indicates that IFHP coverage has not expired, providers **must** verify the current eligibility status since CIC may have cancelled or modified the client's coverage due to a change in their immigration status.

Please note: The current versions of both eligibility documents found in the IFHP Information Handbook for Health Care Professionals will continue to be valid until such time that CIC issues a new document for that client. As well, the current versions will continue to be issued by the Canada Border Services Agency.

If you have any questions, please call the Medavie Blue Cross Customer Information Centre at 1-888-614-1880.

NEW Interim Federal Health Certificate of Eligibility (IFHC)



Citizenship and Immigration Canada
Citoyenneté et Immigration Canada

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INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name: DOCUMENTSAMPLE

Given name(s): EXAMPLE

Date of birth: 1987/01/01 (yyyy/mm/dd)

Sex: Female

Citizenship: India



UCI: 87567614



Application no.: I100000114

NOT VALID FOR TRAVEL
DOES NOT CONFER STATUS

The above named individual is eligible for the following coverage:

Coverage:

Expanded Health Care Coverage

Effective Date:

2013/11/18

Valid Until:

2014/11/18

This coverage may cease or be modified without notice if the individual's immigration status changes.

This certificate must be presented to participating health care providers, along with government issued photo ID, before receiving services. If an individual pays for services covered under the Interim Federal Health Program (IFHP), the individual cannot be reimbursed.

I, the undersigned:

- declare that I require coverage under the IFHP. I will notify CIC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;

- understand that it is my responsibility to renew this coverage before 2014/11/18 and annually thereafter, as required;

- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third-parties in accordance with the *Privacy Act* and the *Department of Citizenship and Immigration Act*.

SIGNED at

on

(yyyy/mm/dd)

For the health care provider, you **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, via web <https://provider.medavie.bluecross.ca/> phone 1-888-614-1880 or fax 506-867-3824.

Client ID #: 87567614

Family name: DOCUMENTSAMPLE

Given name(s): EXAMPLE

Date of birth: 1987/01/01

(yyyy/mm/dd)

NEW Refugee Protection Claimant Document (RPCD)

 Citizenship and Immigration Canada / Citoyenneté et Immigration Canada

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CANADA

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REFUGEE PROTECTION CLAIMANT DOCUMENT
THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT
WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT

Application No: L100001523
UCI: 87710067

CLIENT INFORMATION

Family Name: SAMPLEDOCUMENT
Given Name(s): EXAMPLE
Date of Birth: 1967/01/01 (yyyy/mm/dd)
Sex: FEMALE
Country of Birth: ALGERIA
Country of Citizenship: ALGERIA
Date Issued: 2013/04/18 (yyyy/mm/dd)
Expiry Date: 2015/04/18 (yyyy/mm/dd)

ADDITIONAL INFORMATION

Pursuant to subsection 100(3) of the *Immigration and Refugee Protection Act*, the claim for refugee protection has been deemed to be referred to the Refugee Protection Division of the Immigration and Refugee Board.

As of 2013/04/18, the above-named individual is eligible for coverage of health care costs under the Interim Federal Health Program (IFHP). This coverage can cease or be modified without notice if the individual's immigration status changes. Therefore, health-care providers must verify the eligibility of the individual with the IFHP administrator before providing services.

I, the undersigned:
- declare that I require coverage under the IFHP. I will notify CIC immediately of any changes to my immigration status or if I become eligible for or receive other health insurance;
- understand that it is my responsibility to renew this coverage before 2014/04/04 and annually thereafter, as required;
- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third-parties in accordance with the *Privacy Act* and the *Department of Citizenship and Immigration Act*.

School age children do not need student authorization to attend primary or secondary schools.

Name, relationship and signature of accompanying adult (if applicable)

Signature of person concerned Money in possession Minister

NOT VALID FOR TRAVEL

THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF CITIZENSHIP AND IMMIGRATION - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
FORMULAIRE ÉTABLI PAR LE MINISTRE DE LA CITOYENNETÉ ET DE L'IMMIGRATION - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

IMM 1442B (06-2012)
CIBN

Canada

Client ID

Expiry Date for
RPCD only

IFHP
Effective Date

IFHP
Expiry Date