

## **ANNEX A**



Immigration, Refugees  
and Citizenship Canada

Immigration, Réfugiés  
et Citoyenneté Canada

Date:

**To :**  
**Address:**  
**UCI:**

Due to the COVID-19 temporary measures and office closures, Immigration, Refugees and Citizenship Canada (IRCC) is currently unable to issue a replacement for a lost or stolen Refugee Protection Claimant Document (RPCD). The below information is taken from the current RPCD and the photograph from the electronic file.

This document is to be considered valid until further notice. Please check the IRCC website for updates on these temporary measures.

### **TEMPORARY REPLACEMENT OF LOST / STOLEN REFUGEE PROTECTION CLAIMANT DOCUMENT DUE TO COVID-19**

**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:  
UCI:

Family Name:  
Given Name:  
Date of Birth (yy/mm/dd):  
Sex:  
Country of Birth:  
Country of Citizenship:  
Original Issue Date (yy/mm/dd):  
Expiry Date: Valid until further notice due to COVID-19 temporary measures and office closures.

### ***BIOGRAPHIC IMAGE***

-Insert here-

Pursuant to Subsection 100(1) of the *Immigration and Refugee Protection Act*, this refugee protection claim has been determined to be eligible for a decision by the Refugee Protection Division. Consequently, pursuant to subsection 100(3), the refugee Protection Claim is referred to the Refugee Protection Division of the Immigration Refugee Board.

As of DATE the above-named individual is eligible for coverage of health-care costs under the Interim Federal Health Program (IFHP). This coverage can be cancelled 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 IRCC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;
- understand that my medical and personal information will be shared with IRCC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that my 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)

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**Electronic Signature of IRCC Officer**

**\*\*\*NOT VALID FOR TRAVEL\*\*\***

Sample