

65Plus Plan

Landed Immigrants Assessment Process

1. Application for 65Plus Plan as a Landed Immigrant

Individuals who are 65 years of age and who reside in Newfoundland and Labrador who wish to apply for the 65Plus Plan under the status of a landed immigrant can request an application form from the NLPDP Assessment Office at **1-888-859-3535**. (Copy Attached)

2. In-depth Assessment

A Financial Assessor will complete a review of the application form and verify the following:

- **All pertinent sections of the application form are completed**
- **Proof of age is provided. (Birth Certificate, Passport, Employment and Immigration Canada – Record of Landing, or Government of Canada – Permanent Resident Card)**
- **If the person has applied for Old Age Security and The Guaranteed Income Supplement**
- **Old Age Security number, if applicable**
- **Last year's Notice of Assessment from Revenue Canada is provided**

If the applicant indicates he/she is in receipt of Old Age Security and the Guaranteed Income Supplement from Service Canada, **he/she does not have to provide the information below** because if eligible to receive the Guaranteed Income Supplement payment as part of the Old Age Security benefit, are 65 years of age and older, and have residency status in Canada, then he/she is automatically entitled to receive a drug card through The 65Plus Plan.

(Provide only if not in receipt of Old Age Security and the Guaranteed Income Supplement from Service Canada)

- **Details of residency during the previous 10 years**
- **Status as a Canadian Citizen**
- **Date of Naturalization, if applicable**
- **Income for the previous 12 months and Last year's Notice of Assessment**
- **Application must be signed by the applicant**
- **Application must be signed by a Commissioner of Oaths, Notary Public or Justice of the Peace and must include the authorizing person's stamp or seal.**

**APPLICATION
THE 65PLUS PLAN**

NAME: _____
(First) (Initial) (Last)

ADDRESS: _____
(Street; P.O. Box) (Town) (Postal Code)

TELEPHONE: _____ **MCP:** _____ **SIN:** _____

GENDER: Male _____ Female _____

MARITAL STATUS: Single _____ Married _____ Common Law _____ Married _____ Widow _____

DATE OF BIRTH: _____ **CITY/** _____ **PROVINCE/** _____
TOWN _____ **COUNTRY** _____

(Please attach proof of age) Attached: Not Available: _____

Do you have alternate drug insurance? Yes _____ No _____
If yes, please indicate the insurance carrier (e.g. Blue Cross): _____

Have you applied for Old Age Security? Yes _____ No _____
If yes, state Old Age Security Number: _____

Have you applied for the guaranteed income Supplement? Yes _____ No _____

If you are in receipt of the Guaranteed Income Supplement, please provide verification from Service Canada.

APPLICANTS IN RECEIPT OF OLD AGE SECURITY AND THE GUARANTEED INCOME SUPPLEMENT DO NOT HAVE TO COMPLETE THE REMAINING QUESTIONS:

Provide details of residency during the preceding 10 years.

From: _____ To: _____
(Street) (Town) (Province/Country)

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Are you a Canadian Citizen? Yes _____ No _____

If yes, by Birth _____ or by Naturalization _____

If by Naturalization, on what date _____ City _____

Please state your income for the past 12 months and provide last year's Notice of Assessment from Revenue Canada.

| | | |
|--|------------------|--------|
| Total payments from Canada Pension or Quebec Pension Plan | _____ | _____ |
| | Applicant | Spouse |
| Total other pension income (retirement pension, superannuation Or annuity). Please attach list specifying source and amount of Pension from other countries | _____ | _____ |
| | Applicant | Spouse |
| Total Unemployment Insurance Benefits | _____ | _____ |
| | Applicant | Spouse |
| Total net interest (from bank, bond and/or mortgage) Total net dividends, and/or capital gains or losses (after allowable deductions) CHECK (✓) appropriate space: | GAIN__ OR LOSS__ | |
| Total net rents from property (after allowable deductions) | _____ | |
| Total net earnings from employment (after allowable deductions) | _____ | _____ |
| | Applicant | Spouse |
| Total income from other sources (please attach list specifying sources) | _____ | _____ |
| TOTAL (If you had no income write "NIL") | _____ | _____ |
| | Applicant | Spouse |

DECLARATION:

I hereby apply for entitlement to the 65Plus Plan and do swear that to the best of my knowledge, the information given in this application is true and complete and I authorize the Department of Health and Community Services to investigate any aspect of the income stated in this application.

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE

Sworn before me at _____ this _____ day of _____, 20____.

Commissioner of Oaths; Notary Public, or Justice of the Peace

Mail Application to: NLPDP Assessment Office
Department of Health and Community Services
P.O. Box 510, Stephenville, NL A2N 3B4

FOR OFFICE USE ONLY

Application **Approved**____ **Rejected**____ Signature _____

Eligibility with effect from: _____ Termination Date: _____

Control Number: _____