

GRASSY NARROWS AND ISLINGTON BANDS MERCURY DISABILITY BOARD

**INITIAL APPLICATION FORM**

Claimant Statement – please print clearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY / MM / DD

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Circle one: male female  
(or number where messages can be left)

Band Name: \_\_\_\_\_ Status No.: \_\_\_\_\_

Nature of occupation: \_\_\_\_\_

How long have you been engaged in this occupation? \_\_\_\_\_

Please describe your present symptoms: \_\_\_\_\_  
\_\_\_\_\_

When did your present symptoms begin? \_\_\_\_\_

How have these symptoms affected your ability to perform your occupation? \_\_\_\_\_  
\_\_\_\_\_

Please describe your daily activities: \_\_\_\_\_  
\_\_\_\_\_

How have your symptoms affected your ability to perform your daily activities? \_\_\_\_\_  
\_\_\_\_\_

Name and addresses of all physicians consulted concerning your present symptoms: \_\_\_\_\_  
\_\_\_\_\_

*I hereby declare that the above information is true and complete. I authorize the release of any information requested from the Fund Administrator (Great West Life) & the Mercury Disability Board in regards to my claim.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Claimant: \_\_\_\_\_  
YY MM DD

*Note: If this application is being completed on behalf of a child under the age of sixteen, the parent or legal guardian of the child must sign above and print their name clearly noting their relationship to the child.*

**Initial Application Form – Page Two**

Band Statement – please print clearly

Name of claimant: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY / MM / DD

Address: \_\_\_\_\_

Band Name: \_\_\_\_\_ Status No.: \_\_\_\_\_

1. Please indicate if claimant is:

a) a member of the Band \_\_\_\_\_

b) a past member of the Band \_\_\_\_\_

c) not a member of the Band, but a registered Indian customarily resident on the reserve before October 1, 1985 \_\_\_\_\_

2. Additional remarks, if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

Signature of Chief: \_\_\_\_\_  
(Chief of Wabaseemoong or Grassy Narrows)

**Initial Application Form - Page Three**

Affidavit – please print clearly

C A N A D A ) IN THE MATTER OF: The Grassy Narrows and Islington  
PROVINCE OF ONTARIO ) Bands Mercury Disability Board AND OF the Grassy  
and ) Narrows and Islington Bands Mercury Disability Fund  
PROVINCE OF MANITOBA )  
TO WIT:

I, \_\_\_\_\_, of the \_\_\_\_\_  
(name of claimant in full) (city/town/reserve)

of \_\_\_\_\_, in the Province of \_\_\_\_\_  
(place of residence)

DO HEREBY MAKE OATH AND SAY THAT:

1. I am a claimant in respect of the Fund mentioned above.
2. This affidavit accompanies my claim.
3. I am informed that in the interests of speed and simplicity no special form of claim is required, so long as the application makes clear that it is a claim under the Act for assistance, I submit the attached claim for assistance accordingly.
4. Attached to this, my affidavit, is a Band Statement (page two of application) of which I am a member namely, (circle one) Wabaseemoong or Grassy Narrows certifying that I am such a member and that I have filed a claim under this Act for assistance.
5. The foregoing is submitted in all good faith.

READ AND SIGNED before me at the \_\_\_\_\_ )  
of \_\_\_\_\_ in the )  
Province of \_\_\_\_\_, ) \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ ) Signature of Claimant  
\_\_\_\_\_)  
\_\_\_\_\_)  
Witness to Claimant Signature (sign and print name clearly)

\_\_\_\_\_  
Mercury Disability Board (stamp/signature)