

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
- Old Age Security number, if applicable

If the applicant indicates he/she is in receipt of Old Age Security 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 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
- 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 also include the authorizing person's stamp or seal.

Please state your income for the past 12 months:

Total payments from Canada Pension or Quebec Pension Plan _____

Total other pension income (retirement pension, superannuation Or annuity). Please attach list specifying source and amount of Pension from other countries. _____

Total Unemployment Insurance Benefits _____

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) _____

Total income from other sources (please attach list specifying sources) _____

TOTAL (If you had no income write "NIL") _____

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

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: _____