

**GRASSY NARROWS AND ISLINGTON BANDS
MERCURY DISABILITY BOARD**

GROUP NO. 51103

- INSTRUCTIONS TO CLAIMANT:
1. Complete this Part I.
 2. Return the completed Part I to your Band Council.
 3. If any of the requested information is missing or incomplete, this claim may be returned.

PART I - CLAIMANT'S STATEMENT

Name _____ Date of Birth _____ 19 ____

Address _____
(NO) (STREET) (CITY) (PROV. OR STATE) (POSTAL CODE)

Telephone No. _____

Band Name and No. _____ Treaty No. _____

Nature of occupation _____

How long have you been engaged in this occupation? _____

What is the nature of your present illness? _____

When did your present illness begin? _____

How has this illness affected your ability to perform your occupation? _____

Please describe your daily activities _____

How has this illness affected your ability to perform your daily activities? _____

Are you now: House Confined Bed Confined Hospital Confined Not Confined

Name and addresses of all physicians consulted concerning your present illness. _____

I hereby declare that the above information is true and complete. I authorize the release to the Administrator of this Fund of all information requested with regard to my claim.

Date _____ 19 ____ Authorized signature _____

The Administrator of The Grassy Narrows & Islington Bands Mercury Disability Fund is the Great-West Life Assurance Company.

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PART 2 - BAND COUNCIL STATEMENT

Name of claimant _____ Date of Birth _____ 19____				
Address _____	(NO)	(STREET)	(CITY)	(PROV. OR STATE) _____
(POSTAL CODE) _____				
Band Name and No. _____			Treaty No. _____	
1. Please indicate if claimant is:				
a) a member of the Band _____				
b) 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 _____ 19____ Authorized signature _____

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

I, _____, of the _____
 (name of client 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 above mentioned.
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 enclosed claim for assistance accordingly.
4. Attached to this my affidavit is a medical report from an authorized physician dealing with disabilities which I have sustained and which I believe have been caused by mercury poisoning.
5. Also attached to this my affidavit is a Certificate of the Band of which I am a member, namely, _____,
 (Grassy Narrows or Islington)
 certifying that I am such a member and that I have filed a claim under this Act for assistance.
6. 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 & Print Name)

 Mercury Disability Board
 (Stamp / Signature)