

Old Age Pensioners' House Insurance Benefit

The purpose of this policy to provide house insurance to eligible old age pensioners (OAP).

The OAP house insurance benefit is dependent on available funding.

Eligibility

To be eligible for the OAP house insurance benefit, applicants must:

- be HFN members aged 65 or older
- be currently living on reserve and the residence must be their primary residence
- have a total annual family income of \$38,000 or less
- have occupied their residence for at least 6 months before the application date

Maximum Benefit

The following maximums are for 2015, and may change from year-to-year:

House insurance maximum – \$954

Content insurance maximum – \$588

Application Process

To apply for the house insurance benefit, applicants must:

1. Go to HFN office reception and ask to complete an *OAP House Insurance Eligibility Checklist* (see page 2). The form is completed by reception.
2. If you are eligible for insurance, go to the Housing Department and ask to have an *OAP House Insurance Benefit Application Form* completed for you (see page 3).

OAP House Insurance Eligibility Checklist

The following checklist is completed by reception on behalf of the person applying for OAP house insurance benefit.

Eligibility Criteria	Yes	No
Are you age 65 or older?		
Is your total family income below \$38,000 (you and your spouse)?		
Do you live on reserve?		
Is the house you're applying for insurance for your primary home?		
Have you occupied this house continuously for 6 months or longer?		
Do you own the house?		
Do you rent your home to tenants?		
Are you renting on reserve?		
Have you received home or content insurance before?		
If yes, in what years?		

I _____ (applicant's name) confirm that the above information is true and accurate.

Date: _____

Signature: _____

Received by Hupacasath staff on: _____ (date)

Signature: _____

Forwarded to HFN Housing Dept on _____ (date)

Housing Dept signature: _____

OAP House Insurance Benefit Application Form

Name: _____

Address: _____

Phone: _____

Birth date: _____ (dd mm yyyy)

Status number: _____

Last year's income for applicant and spouse: _____

(T4s for both must be attached to application.)

Assessed property value: _____

This application is for: (circle as appropriate)

Home owner insurance

Content insurance

Have you received OAP house insurance benefit in the past? _____

(Copy of previous year's insurance, if applicable, must be attached.)

I agree to the following terms and conditions: (initial beside each)

- I understand that the OAP house insurance benefit is based on available funding and is reviewed on a year-to-year basis.
- If I am eligible for the OAP house insurance benefit, it will be provided by _____ (date) and HFN will issue payment directly to _____ (name).
- I understand my application will not be processed until I provide all required documents (see above).
- In the event of a claim for replacement or rebuilding of my house, the settlement will flow through the HFN.

I _____ (name) confirm that the above information is true and accurate.

Witnessed by: _____ (name) _____ (date)