



Guidelines for completing your ex gratia payment application

The following guidelines will help you in completing your application form. If you do not have the complete details for each question, please provide as much information as you possibly can.

General Instructions

To apply for this ex gratia payment, please complete the following documents:

- Application for ex gratia payment (VAC 670A)
- Physician's Statement for ex gratia payment (VAC 701)
- Canadian Forces Authority to Release Service Information ex gratia payment (VAC 700) (only for those who were Canadian Forces Members)

We have included a self-addressed envelope for you to return your application and other supporting documents to us.

An application must be completed for each individual who is applying for this ex gratia payment.

Please print clearly when filling out this application.

Guidelines

- 1) Please choose on your application form which official language you wish to use in speaking with and in writing to us.
- 2) Please make it clear whether you are applying for yourself or as the primary caregiver. Select one choice only. If you are applying for yourself and as a primary caregiver you will need to complete 2 applications. Please call us for more information at 1-888-522-2122.
- 3) If you are applying for yourself, please start at Section A. If you are a primary caregiver, applying on behalf of a deceased individual, please start at Section B.
- 4) **Section A - General Information**

Title: Please select your preferred title.

Please select your preferred title. Please print your family name, first and middle name(s). If, at any time, other name(s) or nicknames were used, please include these under Alias(es). If it applies, please print your birth name under "Birth name."

Home and mailing address/province/postal code: Print your current and complete permanent home and mailing address (if different).

Home telephone No.: Print your current home telephone number.

Business or alternate No.: Please print your business phone No. or another phone No. where you can be reached.

Date of birth: Please print your date of birth in the following format: Year-Month-Day (yyyy-mm-dd)

Member of the Canadian Forces:

Please select whether you were a Member of the Canadian Forces, and if so, provide your Service/Regimental no.(s) and/or Veterans Affairs file no (if known). The file number is the number Veterans Affairs Canada assigned to the Veteran/Member. The Veteran/Member's service number is the number assigned when the Veteran/Member entered the Forces.

5) Once Section A has been completed, please proceed to Section D of the application form.

6) **Section B - Information Regarding the Deceased**

This section is only to be completed if you are a primary caregiver applying for someone who is deceased.

Title: Please select the title of the deceased at time of death.

Family name and given name(s) of the deceased: Please print the family name, first and middle name(s) of the deceased. If, at any time, other name(s) or nicknames were used, please include these under "Alias(es)." If it applies, please print the birth name of the deceased under "Birth name."

Home and mailing address/province/postal code: Please print the last known permanent home and mailing address of the deceased.

Date of birth: Please print the date of birth of the deceased in the following format: Year-Month-Day (yyyy-mm-dd)

Date of death: Please print the date of death of the deceased in the following format: Year-Month-Day (yyyy-mm-dd)

Important note:

- **A copy of the death certificate MUST be provided with this application.**

Member of the Canadian Forces:

Please select whether the deceased was a Member of the Canadian Forces, and if so, provide his/her Service/Regimental no.(s) and/or Veterans Affairs file no. (if known). The file number is the number Veterans Affairs Canada assigned to the Veteran. The Veteran's service number is the number assigned when the Veteran entered the Forces.

7) Once Section B has been completed, please proceed to Section C of the application form.

8) Section C - Primary Caregiver Information

This section only needs to be completed if you are a primary caregiver. Please provide your personal information in this section.

In order to show you were a primary caregiver you must meet all of the following:

- at the time of death, you were the adult who was primarily responsible for making sure that care was provided to the individual
- you did not receive a wage for providing this care
- at the time of death, you lived in the principal home of the deceased for a continuous period of at least one year
- at the time of death, you maintained or were being maintained by the deceased

Title: Please select your preferred title.

Family name and given name(s): Please print your family name, first and middle name(s). If, at any time, other name(s) or nicknames were used, please include these under Alias(es). If it applies, please print your birth name under "Birth name."

Home and mailing address/province/postal code: Print your current and complete permanent home and mailing address (if different).

Home telephone No.: Print your current home telephone number.

Business or alternate No.: Please print your business phone number or another phone number where you can be reached.

Date of birth: Please print your date of birth in the following format:
Year-Month-Day (yyyy-mm-dd)

9) Once Section C has been completed, please proceed to Section D of the application form.

10) **Section D - Medical Information**

You will find a "Physician's Statement" form included in your application kit.

Please complete Section A "Information About Applicant/Deceased."

Please have a family doctor or other treating physician review Section B and complete Section C and Section D of this form and return it to you so that it can be included with your application.

Please note: We cannot process your application without the "Physician's Statement for ex gratia payment" (VAC 701).

This form must be signed and dated by the family doctor or other treating physician. The family doctor or treating physician must also indicate in this form the following requirements:

- you or the deceased were diagnosed between June 1, 1966, and June 30, 2011; and
- the conditions you or the deceased were diagnosed with; and
- the date(s) of diagnosis(es) of the condition(s).

You are responsible for any fees associated with completing this form.

11) Please proceed to Section E of the application form if you or the deceased were a Canadian Forces Member. If not, then proceed to Section F (civilian).

12) **Section E - Canadian Forces Service Information**

As explained on the application form, please complete the "Canadian Forces Authority to Release Service Information ex gratia payment" (VAC 700) form so that Veterans Affairs Canada can get a copy of your service records.

13) Please proceed to Section G of the application form.

14) **Section F - Civilian Information**

This section is only to be completed if you were NOT a Canadian Forces Member or if you are applying on behalf of a deceased individual who was not a Canadian Forces Member.

On the application form

Please select the option that best describes your or the deceased's situation.

15) **Section F(1) - Civilian Employment Information**

If you selected "**worked at CFB Gagetown**" in Section F, please provide **proof of employment** during 1966/1967 for yourself or the deceased. **Acceptable proof of employment documents include:**

- pay stubs
- Income Tax returns

16) Please proceed to Section G of the application form.

17) **Section F(2) - Civilian Home Address Information**

If you selected in Section F "**lived in a community within 5 kilometres of CFB Gagetown**" please provide your or the deceased's complete permanent home address in 1966 and/or 1967. Also, indicate how long you or the deceased lived at this/these address(es).

18) Please proceed to Section F(3) of the application form.

19) **Section F(3) - Civilian Proof of Residence**

If you completed Section F(2), please provide valid proof of residence during 1966/1967 for yourself or the deceased.

Acceptable proof of residence documents include:

- 1966 census registration (please contact Statistics Canada at 1-800-263-1136)
- land deeds, mortgages, leases
- wills, bonds, legal correspondence
- water or utility records
- banking records
- vehicle registration
- Income Tax returns
- church records

Please make sure that your proof of residence information is included when submitting your application to Veterans Affairs Canada.

Any cost associated with obtaining proof of residence will be your personal responsibility.

20) Please proceed to Section G of the application form.

21) **Section G - Declaration**

Please read, sign and date the completed declaration.

Important Note:

As per the *Privacy Act*, if you qualify for this ex gratia payment, the payment amount, your family name and first initial will no longer be considered personal information.

22) **Section H - Applicant Representative**

If you are completing this application on behalf of someone else, please print your name, telephone number and other relevant contact information.

Be advised that if you are not legally appointed to administer the affairs of the applicant, information pertaining to this application or the applicant cannot be released to you without the applicant's consent. For the applicant's convenience, a consent form (Authority to Release Information - VAC 520-5) has been included should the applicant wish to authorize the release of personal information to his/her representative.

Personal information remains protected from unauthorized disclosure in accordance with Canada's *Privacy Act*.

23) **Section I - Additional Information**

This area may be used to provide additional information on this application or to expand on a response from a section of the application. Comments may also be provided.

For your convenience, a checklist has been provided at the back of the application form to help you make sure you have all the required documents before you submit your application to Veterans Affairs Canada.

24) Please return the completed application and forms in the self-addressed envelope provided in this package.