



# TEMAGAMI FIRST NATION

BEAR ISLAND,  
LAKE TEMAGAMI, ONTARIO P0H 1C0  
TEL 1.888.737.9884 | 705-237-8943  
FAX 705.237.8959

## TERMINAL ILLNESS CLAIM FORM

### Personal Information:

Name:			Band Number
Mailing Address:	City/Town, Prov.	Postal Code.	Date of Birth:
Email:			Telephone:

Coverage	Fixed Rates	Dates	Description of Service
Temporary Accommodations	\$1,000/month *Receipts required		
Private Accommodations	\$25/night		
Meals	\$15/meal		
Groceries	\$300/month **receipts required		
Travel	\$0.20/km		
Boat/Snow machine	\$40/trip Max		
Public Transportation	Receipts required		

Please make cheque out to: \_\_\_\_\_

I certify that all the information provided in this application is true and correct.  
If under the age of 18 a parent/guardian's signature is also required.

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date:

Mail this form and original receipts to:  
Doreen Potts Health Centre  
Temagami First Nation  
Bear Island, ON  
P0H 1C0  
Attention: Office Manager Enrichment Funds