2024 New Brunswick Low-Income Seniors' Benefit



GENERAL INFORMATION

To assist low-income seniors in New Brunswick, the government offers an annual benefit to qualifying applicants.

ELIGIBILITY

To qualify for the 2024 annual benefit of \$600 the applicant must have been a resident of New Brunswick on December 31, 2023, and a recipient of a benefit under the Old Age Security Act (Canada), notably:

- The Federal Guaranteed Income Supplement (GIS) during 2023 (must be 65 years or older) or
- the Federal Allowance for the Survivor during 2023 (must be between 60-64 years old) or
- the Federal Allowance during 2023 (must be between 60-64 years old).

Important: Persons in receipt of a federal allowance who are under the age of 60 do not qualify for this benefit. Canada Pension Plan (CPP) is not a qualifying benefit.

Where both spouses receive one of the OAS benefits (GIS/Allowance/Allowance for survivors) and reside in the same household, only one \$600.00 benefit will be granted. However, where spouses live separately (for example, one residing in a nursing home), both will be eligible for the benefit.

APPLICATION FORM

Application forms are now available, and Service New Brunswick will begin to issue payments after April 1, 2024. Please find enclosed the application for the 2024 benefit. Forms can also be obtained by visiting any Service New Brunswick Center.

Important information to assist with faster turnaround times

- If your spouse passed away in 2023, please provide their death certificate with your application.
- If you received a benefit under the Old Age Security Act (Guaranteed Income Supplement, Allowance, Allowance for Survivors) for the first time in 2023, please provide proof, in the form of your 2023 T4A(OAS) or a confirmation letter from the Federal Government.
- Other changes, please see appendix for breakdown of documents that might be required.

INQUIRIES

Should you require further information on this program, please contact the Low-Income Seniors Benefit toll-free line at 1-833-796-0944 or email <u>LISB-PAFR@snb.ca</u>. Please allow 4 weeks of processing time from the receipt of your application.

INQUIRIES RELATING TO FEDERAL BENEFITS

If you do not currently receive GIS or one of the other federal benefits and would like more information, please contact Service Canada at:

1-800-277-9914 for service in English, or 1-800-277-9915 for service in French.

Accounts Payable Service New Brunswick P. O. Box 1900 Fredericton, N.B. E3B 5G4

Application/Declaration for Low-Income Seniors' Benefit 2024



Application deadline date: December 31, 2024

To qualify for the \$600 annual benefit applicants must have been a resident of New Brunswick on December 31, 2023 and a recipient of a benefit under the *Old Age Security Act (Canada)*, notably:

| D | December 31, 2023 and a recipient of a benefit under the <i>Old Age Security Act (Canada)</i> , notably: | | | | | |
|--|--|--------|--|--|--|--|
| The Federal Guaranteed Income Supplement (GIS) during 2023 (must be 65 years or older) or the Federal Allowance for the Survivor during 2023 (must be between 60-64 years old) or the Federal Allowance during 2023 (must be between 60-64 years old). | | | | | | |
| Important: Persons in receipt of a Federal allowance who are under the age of 60 do not qualify for this benefit. Canada Pension Plan (CPP) is not a qualifying benefit. | | | | | | |
| | IF YOU QUALIFY, PLEASE COMPLETE ALL OF THE FOLLOWI | NG: | | | | |
| | ase Print: Mr. Mrs. Ms. | | | | | |
| 1. | Name of | | | | | |
| | ApplicantLast First M | liddle | | | | |
| 2. | Date of birth YMD | | | | | |
| 3. Mailing Address (Street Number, Street name, and Apartment # if applicable) | | | | | | |
| 4. | City Province Postal Code | | | | | |
| 5. | Telephone | | | | | |
| 6. | Email | | | | | |
| 7. | Social Insurance Number | | | | | |
| 8. | s. Language choice for contact purposes: English French | | | | | |
| 9. | 9. Please indicate the federal benefits that you received in 2023: Guaranteed Income Supplement (GIS) (must be 65 years or older) Yes No | | | | | |
| | Allowance for the Survivor (must be between 60-64 years old) | Yes No | | | | |
| | Allowance (must be between 60-64 years old) | Yes No | | | | |
| 10. Were you a resident of New Brunswick on December 31, 2023? | | | | | | |
| 11. Marital status: | | | | | | |
| Single Common Law Married Divorced/Separated Widowed | | | | | | |
| 12. Do you reside with your spouse? | | | | | | |
| 13. Spouse's name | | | | | | |
| 14. Spouse's Social Insurance Number | | | | | | |

^{*}Please ensure you complete both pages of the application*

Optional: Direct Deposit Information: To receive or change direct deposit, please complete, and submit the direct deposit form included in the application package. Please note that this form is required to add or edit direct deposit information and we cannot solely accept a void cheque without the consent form. **Also note that if the direct deposit information is incomplete payment will default to cheque.**

| I declare the above information to be correct and I authorize Employment and Social Development Canada to verify this information. I recognize that an application must be submitted by December 31, 2024. | | | | | |
|--|-----------|--|--|--|--|
| Signature of Applicant | | | | | |
| Date | Telephone | | | | |
| If the applicant is unable to sign/complete this form, the applicant's representative must complete the following section: | | | | | |
| Signature of Applicant's Representative | | | | | |
| Date | Telephone | | | | |
| WHERE BOTH SPOUSES RECEIVED THE GUARANTEED INCOME SUPPLEMENT AND LIVED IN THE SAME HOUSEHOLD, ONLY ONE PAYMENT IS AVAILABLE. | | | | | |
| The personal information on this form is being collected under the authority of the New Brunswick Income Tax Act and will be used for the purposes of determining eligibility under the Low-Income Seniors' Benefit, and for necessary administration of this Program. Income Tax Return Preparation - Through the Community Volunteer Income Tax Program (CVITP), community organizations host free tax preparation clinics and arrange for volunteers to prepare income tax and benefit returns for eligible individuals who have a modest income and a simple tax situation. To determine whether you are eligible and to view a tax preparation clinic in your area, please go to the following website: http://www.cra-arc.gc.ca/tx/ndvdls/vIntr/nd-eng.html FOR FURTHER INFORMATION PLEASE CALL 1-833-796-0944 OR EMAIL LISB-PAFR@SNB.CA | | | | | |
| For Office Use Only: | | | | | |
| DE1/(000.4/LIOP/O) | | | | | |

REV/2024/LISB(2)

Appendix – Low-Income Seniors Benefit (LISB) Supporting Documents Required

To help you process your application in a timely manner, we ask that each applicant submits the following documentation with the original application corresponding with their appropriate circumstance below:

| Circumstance | Required Documentation for Proof of Circumstance | Comments |
|---|--|--|
| Third Party Requests / Changes: Is a third-party making changes to your personal information? | Power of Attorney (POA) | Exceptions might apply if the change has been requested by a nursing home representative and new address can be confirmed as is. |
| Federal Benefit Eligibility Letter: Are you a new recipient of a Federal benefit under the Old Age Security Act (Canada)? | Eligibility Letter or T4A (OAS) from previous year | This document is not mandatory and only applies in certain specific cases. If this is the first year you apply for the rebate, you may be required to provide an eligibility letter indicating the corresponding Federal Benefit you received last year. To help you process your application in a timely manner, kindly obtain this letter from Social Development Canada and include it with your application. English: 1-800-277-9914 French: 1-800-277-9915 |
| My marital status changed: Has your marital status changes | Spouse's Death Certificate or | If your spouse passed away in the previous year, you will need to send a copy of their death certificate to update your profile. |
| within the last year? | Separation Agreement | |
| Personal Information Updates: Have there been any changes to your name in the past year for any reason? | Driver's Licence orMedicare Card orPassport | Please ensure that the name entered on the form matches the name on your official ID, as the cheque will be issued under that name. |
| Main Applicant Deceased: Has the main applicant passed away, and are you the Executor of their Will? | Executor of Will Documentation and Main Applicant's Death Certificate | If the main applicant met all eligibility requirements and passed away this current year, Executor of Will could apply for the rebate. |

Please be advised that until we receive and assess all the required documents, we are unable to either approve or deny your request. Kindly ensure that all documents are submitted accurately and in a timely manner to avoid any unnecessary delays in our final decision.

Should your circumstances differ from those outlined above or if you have any additional inquiries or concerns, please feel free to contact us at **1-833-796-0944**.

Fredericton, N.B. E3B 5G4 Service New Brunswick Accounts Payable P. O. Box 1900

Direct Deposit Service Application Low-Income Seniors Benefit Form



To whom does this apply?

Individuals who wish to have Low-Income Seniors benefit payments deposited directly into their bank accounts.

How does it work?

- Your payment(s) will be deposited to your account in any financial institution in Canada. You will receive an email or notice by mail confirming the amount deposited.
- The account information you provide will be used to deposit payment(s) for the Low-Income Seniors benefit program until instructed otherwise.

What is required?

- You must complete and return this direct-deposit form for initial set-up, or for subsequent change of account number.
 - The form must be sent to the above noted address.

Where can I obtain more information?

Contact the Service New Brunswick, Program Delivery Unit at 1-833-796-0944.

| <u>Must</u> be completed by the applicant: | To be completed by bank or financial institution – please print (Complete only if VOID chedue is not attached) |
|--|---|
| Instructions If you have a personalized cheque on which your name, address and account | |
| number are printed, attach an original blank cheque to this document. Please mark VOID across the face of the cheque. If you do not have a personalized cheque, the section to the right should be | Bank/Financial institution name |
| completed and validated by your bank or financial institution. | Bank/Financial institution address |
| Please note that until further notice and appropriate authorization is received from you to change account numbers, payment(s) for the Low-Income Seniors Renefit program to you (as recipient) will be denotifed to the bank account | |
| provided. | Authorized signature Validation stamp |
| אַמווּפּ | |
| Address | Date |
| Telephone | |
| I hereby authorize you to credit this account with payments issued by the Finance and Treasury Board. | Bank identification |
| Signature | Transit number |
| | |
| Date Transfer Transfe | Applicant account number |
| e-mail address (for notice-of-deposit details) | |
| | |

The personal information on this form is being collected under the authority of the New Brunswick Income Tax Act and will be used for the purposes of setting up Direct Deposit Service and the necessary administration of this authorization.

| Date: | | |
|-------|----------------------|--|
| | Setup: | |
| | Reference Number: | |
| | For Office Use Only: | |