Many qualify for full or



REGARDLESS OF AGE, INCOME

OMSIP has been estab- months is eligible to join, ished to provide adequate except those who are entiinsurance coverage for the payment of doctors' bills, under another Act. available to all Ontario resi- choose their own doctor. If dents regardless of their age, a member travels outside income or state of health. a member travels outside the Province, and requires

dividuals and their fam- People who find they canilies and does not provide group coverage. (Group cov-erage is where a number of tract because of unemployndividuals collectively purment, illness or disability, chase insurance through their place of employment, union, etc.) may apply for temporary assistance in paying their fees.

partial assistance

islation is to provide adequate nedical insurance for Ontario ium assistance is available

age security pensioners and the past 12 months will be their dependants declared eligible for coverage by the Ontario Department of Public income and number of de-



..\$ 60.00 \$30.00

What is taxable income?

ne is the amount of your income upon which you par 'ax after

(covering only the mer with a taxable income of \$500 or less

(covering the head of the and one eligible depends with a total taxable incor of \$1,000 or less

The single person .

10	squares provided starting with the first number in	
Speche	the first square. If you do not have a number, place	
	a v mark in the square marked NO.	
2.	Print your last or Family Name in the box. (Example:	
	Smith, Jones, Brown, etc.).	
3.	Print your first and second Given Names in the boxes.	
140	(Example: John, Harry, Mary, etc.). If you have a	
	nickname or are commonly known by another name	
	for mailing purposes, please indicate in the box	

4. Print your address in the first box; your City, Town, Village or Post Office in the next box; and your County or District in the last box. . Write the number of the day on which you were born in the box marked DAY. Print the name of the month

9.	Print the first names of your wife or husband (spouse) in the first bo Then print the first names of all your eligible dependant childres starting with the oldest, in the following boxes. If you have more tha five eligible dependant children continue your list in the section on the side of the form. If you have more than 10 eligible dependant children.
	list them separately and return with your application form. Under BIRTH DATE, write the number of the day of birth, print the month and write the number of the year of birth. (Example: 18 Sept. 1954)
	Under SEX, write M if the child is male, F if the child is female.
10.	Sign your name on the line marked SIGNATURE OF APPLICANT ar write in the date and year.

Remember, if you receive benefits under any of the Acts listed und #5(1) in the folder entitled "OMSIP...WHAT IT MEANS AND WHAT IT CAN DO FOR YOU you should not complete an application form. You will be provided the provided the provided that the provided that the provided the provided that the prov

ADDITIONAL DEPENDANTS	Day	Sex M or	
CARAM A ALAMANTA			
	-		33.
Tremetel show the man people	-		
		N	

) The family of three or more..... (covering the head of the family and all eligible dependants) with a total taxable income in 1965 of \$1,300 or less (covering the head of the fam and all eligible dependants)

SEND YOUR COMPLETED APPLICATION FORM TO:

1. Do you have a Social Insurance Number Number? No []								For office use only						
	r Name ase print	Last	or Family Name					3.	. Given Names (First) (Second)			Other		
	r Address ase print	RR	or P.O. Box or	Street & Numb	er			\neg T	City or Town or Village	or Post Office	County	or Dist	rict	
5. Day	Month	Year	6. Sex Male Female	7. Marital Status Single Married Other (specify)				cify)	8. Occupation & Nature of Business or Industry					
9. LIS				dren (children mus	st be under 21 a	nd unmarr	ied). Other	dependants an	d fully employed children must	apply for separate cove	rage.			
	Given Names Only			Day	Birth Date Month	e Sex Year Mor F			Given Names O	nly Day	Birth Date Month	Year	Se:	
Spouse								3rd child					1	
1st chil								4th child					1	
2nd chi	14	101.101		The second secon				5th child				-	+-	

APPLICATION FOR PREMIUM ASSISTANCE 1. I have lived in Ontario for the past 12 months. I am

not covered for total medical care by governme agree to allow the Medical Services Insurar A. NO TAXABLE INCOME
I hereby apply for full premium assistance

TAXABLE INCOME OF \$1,300.00 OR LES



On the Form

Front

In Ontario have been reported from many individual states in not recommending leaf feed from many individual states in not recommending leaf feed from many individual states in not recommending leaf feed from many individual states in not recommending leaf feed from many individual states in not recommending leaf feed from many individual states in not recommending leaf feed from many individual states in not recommending leaf feed from many individual states in not recommending leaf feed from the state of the st

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"LIST OF ADRIAN MESSENGER"

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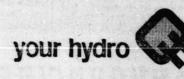
or zone temperature control.

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no chilly spots-just gentle

it offers extra living space and can have a significant effect on the all its advantages, electric heating

heating, consult a qualified electric heating contractor, or your Hydro.



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Local Items of Interest

Z.30 P.M.—Dutch
Rev. J. Quartel of Hamilton,
Guest speaker.
Radio - Back To God Hour.
Hamilton, CHIQ at 10 00
A.M. Brantford
P.M.

ANGLICAN
CHURCHO OF CANADA
Canner E A Brain. M.A
Rector
Re

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Don Hyde 768-3723 or 768-3366; Ralph Smith 768-3345 or 768-3759 Irving Winger 768-3351 or 768-3496; Jock Vanni 768-3150; Phil Awde 768-3381; Harry Sloat 768-3182; Ross Slote 768-3372; Peter Laidlaw 768-5704 or 768-3183; Willis Smith 768-3769.

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