

Seneca Nation

Disability Services

Program Agreement

I, _____, understand that to receive a monthly supplemental disability benefit, I must acknowledge and agree to the following guidelines and policies of the program before benefit is made to me.

Upon application/recertification to Seneca Nation Disability Services, it is my responsibility to provide documentation in order to be considered eligible. I will have 30 days from the application/recertification date to submit any missing documentation. If I do not submit this information, I will be considered ineligible. _____ initial

I am aware that the program has funding limitations. If determined eligible and there are no funds available at such time, I will be placed on a waiting list until funding becomes available. During this time, any benefits not received for any number of months are **NOT RETROACTIVE**. _____ initial

I attest that the documentation I have provided is true and correct. I grant permission for the program to verify all information provided. The program will have 30 days to review and determine my eligibility. Upon approval, I will remain eligible the entire time I receive benefits. If at any time I no longer meet the eligibility criteria of the program, it is my responsibility to notify the program within 30 days. Reasons for ineligibility include, but are not limited to:

1. Move off SN Territory or Not a Full-Time Resident (January through December)
2. No longer eligible to receive a long-term disability benefit
3. Turn age 60 _____ initial

I am aware that I have the right to appeal if I am found ineligible. I must do so in writing within 10 days of my determination. The SN Disabilities Committee will review the reasons and facts of the appeal and make a determination. This determination is final. _____ initial

I must report changes such as residence, mailing address, disability award eligibility, payee, etc. within 30 days and provide proof of or reason for change(s). Failure to report ANY changes or submit proof in a timely manner will result in termination of my benefit. I will then be required to re-apply to the program and may be placed on a waiting list. _____ initial

If I fail to notify the program of my ineligibility within 30 days and continue to receive a benefit, it will result in repayment of funds I was not entitled to. Under this repayment stipulation, I understand that if I ever receive funds I am not entitled to, I agree to repay such funds to the Seneca Nation by means of:

1. Voluntary repayment of entire amount out-of-pocket immediately
2. Payment plan with an agreed amount and time frame to be repaid
3. If applicable, a weekly wage deduction from Seneca Nation paycheck until repaid
4. Other alternate repayment methods as determined or agreed on by the SNI. _____ initial

Documentation to prove eligibility may be requested at any time. I will have 10 days to submit what is required or my benefit will be terminated. If terminated, I will then need to re-apply to the program and am aware that I may be placed on a waiting list until funds are available. **Benefits are NEVER RETROACTIVE.** _____ initial

The Program reserves the right to deny funding of future benefits and/or terminate any benefits for any length of time should I ever receive money under false pretenses or if I am not in compliance with the program's policy and guidelines. initial

I will be required to submit a **Current Award Letter** from the disability award issuing agency, **Proof of Residency**, or any other documentation required to prove eligibility in order to continue my monthly disability benefit. I will be notified by mail when I need to produce documentation and will have 30 days from the date of notification to submit what is required. Once proper documentation is submitted, I am aware that another 30 days begins for the program to review and determine my eligibility status. If I fail to submit this proof within 30 days, and in person my benefits will be terminated immediately. The entire recertification process is no more than 60 days. **Missed benefits due to not recertifying will not be re-issued.** initial

When I reach the age of 60, I will no longer be eligible to receive the SN Disability benefit. I understand that my last benefit will be received the month of my birthday, then my SN Elders Benefit (aka. Old Age Benefit) will automatically begin the following month. initial

If I am required by the disability award issuing agency to have a Payee, my SN disability benefit will also be in care of that person. A different Payee may be assigned at the discretion of the Program. A Payee will have financial responsibility as well as the duty of reporting changes, submitting proper paperwork, and following all rules of the Program. A financial accounting may be requested of the Payee at any time. initial

When I sign up for DIRECT DEPOSIT it is my responsibility to recertify with this program in person every six months. You must also report any changes in residency within 30 days. I will notify if I am ever involved in a voluntary/involuntary assignment from any other SN Department initial

I understand that if I am employed, I cannot work over 25 hours a week to be eligible for this program. If circumstances should change I must report the change in hours immediately. initial

By signing below, I have read, understand, and agree to follow the guidelines, policies, and procedures of the program. I will receive a copy of this agreement.

Applicant Signature: _____ Date: _____

STATE OF NEW YORK)
COUNTY OF _____) ss.:
Subscribed and sworn to before me

this _____ day of _____, 20____.

NOTARY PUBLIC

Payee/Representative: _____ Date: _____

STATE OF NEW YORK)
COUNTY OF _____) ss.:
Subscribed and sworn to before me

this _____ day of _____, 20____.

NOTARY PUBLIC