



GUN LAKE TRIBE

Tribal Member Benefits Program

Qualified Member / Non-Member Designation Form

Name of Participant:		
Tribal ID Number:	Date of Birth:	SSN:
Email Address:		Daytime Phone:
Mailing Address:		

PURSUANT TO SECTION I OF THE GUN LAKE GENERAL WELFARE ORDINANCE, QUALIFIED NON-MEMBERS ARE DEFINED AS “A SPOUSE, CERTIFIED DOMESTIC PARTNER IN ACCORDANCE WITH TRIBAL LAW, PARENT, LEGAL GUARDIAN OR DEPENDENT OF A MEMBER OF THE TRIBE.”

FOR ACCESS TO BENEFITS PROVIDED BY THE TRIBAL MEMBER BENEFIT PROGRAM, PLEASE LIST ALL ELIGIBLE QUALIFIED MEMBER / NON-MEMBERS OF YOUR TRIBAL HOUSEHOLD. IN THE EVENT OF DEATH, THE PARTICIPANT’S BENEFIT ACCOUNT WILL BE MANAGED BY THE PRIMARY QUALIFIED MEMBER/NON-MEMBER LISTED BELOW.

Name of Qualified Member / Non-Member	Relationship	Date of Birth
1) <i>PRIMARY</i>		
2)		
3)		
4)		
5)		

By signing this form I, the Participant, certify that the information provided above is accurate and eligible under the definitions of Ordinance Section I. By naming the individuals above, I authorize my benefits to be utilized for eligible expenses and/or services provided under the Program. I understand that I, the Participant, am responsible for the utilization of benefits by my named Qualified Member / Non-Members and agree to abide by the conditions set forth within the Program.

Participant Signature

Date



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