

Medical Fund Policy

Relief of Poverty and Advancement of Social Welfare

Provides each registered beneficiary, as well as their dependents and/or spouse, with financial assistance toward general medical costs, including but not limited to dental, optical, and preventative medicine, medical equipment upon referral by medical practitioner and private health insurance. Also assists with costs incurred when attending medical appointments, such as travel and accommodation.

Beneficiaries must source local medical treatment first unless that service is not available or specialised treatment is required. Otherwise treatment must be sourced at the nearest regional centre.

BENEFICIARY INFORMATION

Application Date:	Date of Birth:	
Full Name:	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Street Address:		
City / Suburb:	State:	Postcode:
Email:	Phone:	

APPLICATION DETAILS

Patient Name (if not applicant):	Relationship to Applicant e.g. Spouse, Child:
Treatment / Condition:	
Estimated Time Away from Home (if applicable):	

FUNDS REQUESTED

Travel: \$	<input type="checkbox"/> Fuel <input type="checkbox"/> Flights	Travelling from:
Diagnosis / Treatment: \$	<input type="checkbox"/> Diagnosis / Tests <input type="checkbox"/> Surgery <input type="checkbox"/> Medication <input type="checkbox"/> Rehabilitation	
Practitioner:		
Appointment fees: \$	Dates:	
Hotel / Provider:		
Accommodation: \$	Telephone:	
Living Costs / Other \$	Please specify:	

Have you already paid the bill? Yes No

Have you been in contact with a travel agent? Yes No

Total \$ *Maximum \$15,000 per beneficiary per year
Payments are made directly to suppliers with the exception of travel, food and incidentals which are paid at a daily ATO rate.*

Supporting Documentation:

- Supporting documentation from relevant Medical Professional / Appointment confirmation
- Quote / Invoice/ Receipt detailing services and cost is attached
- Supplier payment details are attached (account name, BSB, account number)

Applications will NOT be processed until supporting documentation and supplier payment details are received.

- I am not claiming benefits from another source for this expense (e.g. Plan B / AET, Gumala, IBN, health insurance).
- I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once all required supporting documentation has been received.**

Beneficiary Signature: **Date:** / /

NOTE: Please keep a record of your receipts as you may be asked to account for how these funds were spent as per the Yinhawangka Charitable Trust Deed.

Please send completed forms and supporting documents to Mutual Trust by:

Fax: (08) 9230 7701 **Email:** perthadmin@mutualtrust.com.au

Mail: Mutual Trust, PO Box 307, CLAREMONT WA 6910

If you have any queries, please contact us on (08) 9230 7700
