

Preventative Health

Preventing Sickness, Disease and Human Suffering

Provides each registered beneficiary with financial assistance to cover the cost associated with preventative health services or products limited to only gym memberships, sports & gym equipment, sports club associations and memberships. No clothing or camping equipment.

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:	

Please tick if the phone number provided is a new number and you would like us to update your contact details

FUNDS REQUESTED

Type: *Gym Membership* *Gym Equipment* *Sports Equipment* *Sports club membership* *Other**

* If "Other", please specify:

Service Provider / Supplier Details: Name: _____ Telephone: _____

Total: \$ *Maximum \$2,500 per beneficiary per year*

Have you already paid the bill? Yes No

If 'yes' please provide:

1. A Receipt showing that the premium has been paid, and
2. Bank statement / Remittance showing the funds were paid from your bank account.

If 'no' please provide:

1. An invoice from the supplier showing the amount owed.
2. Bank / BPay details of the supplier – details should be included on the supplier Bill.

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

- I am not eligible for benefits from any other funding source in relation to this account (e.g. Plan B / AET, Gumala, IBN or Government Agency.)
- The cost associated with my Preventative Health cannot be claimed further through Medicare or 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