

**Preventative Health Policy**
*Preventing Sickness, Disease and Human Suffering*

Provides each registered beneficiary, as well as their dependants and/or spouse, with financial assistance to cover the costs associated with preventative health services. Limited to only gym memberships, sports and gym equipment (including sports shoes), sports club associations and memberships. This policy does not cover 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**

Items:	\$.....	<input type="checkbox"/> Gym membership <input type="checkbox"/> Gym equipment <input type="checkbox"/> Sports equipment <input type="checkbox"/> Sports shoes <input type="checkbox"/> Sports club associations and memberships
Other:	\$.....	Provide details:
<b>TOTAL</b>	<b>\$.....</b>	<b>Up to \$5,000 per beneficiary per financial year (included in \$5,000 combined sub-limit)</b>

Service provider / Supplier name:

**REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER?**

Have you paid the bill?                       Yes                       No

If **'yes'** please provide:                       Quote / invoice/ receipt detailing services and that the account has been paid; and / or  
 Receipt / Bank statement / remittance showing the funds were paid from your bank account.

If **'no'** please provide:                       A quote or invoice from the supplier detailing the services and the amount owed; and  
 Supplier contact, payment details and ABN, these details should be included on the supplier invoice.

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

- I am not claiming for benefits from any other funding source in relation to this account (e.g. another Trust, employer, or Government Agency.)
- The cost associated with my Preventative Health cannot be claimed further through Medicare or insurance company.
- 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](mailto:perthadmin@mutualtrust.com.au)    **Mail:** Mutual Trust, PO Box 122, NEDLANDS WA 6909  
 If you have any queries, please contact us on (08) 9230 7700