MUTUAL TRUST

Ankamuthi Charitable Trust
Distribution Application Form

Emergency Medical Policy

Relief of Poverty and Advancement of Social Welfare

The policy can provide assistance to a beneficiary for emergency / critical / urgent medical expenses. The treatment required can be of an ongoing nature.

- Medical support letter MUST be provided outlining the situation and the treatment required is critical/urgent. The medical support letter must explain who the patient is, details of any family member(s) who are supporting the patient & date(s) of the treatment.
- Mutual Trust may provide accommodation – to be booked through Everywhere Travel.
- Financial assistance for food / incidental costs will be paid to one family member at the Australian Taxation Office (ATO) rates, as published on the ATO website payable for an individual. This is capped at $500 for a two (2) week period. If the length of treatment goes beyond two (2) weeks, the trust can continue to provide support capped at $500 per fortnight, or part thereof.
- It is assumed that any assistance with flights will be provided from Queensland Health & are not funded by the Trust.
- Any assistance required over these amounts must be considered by the DMC.

Assistance is capped at $5,000 per beneficiary per financial year (total allocation of funding for whole trust $125,000)

BENEFICIARY INFORMATION		
Application Date: _____/_____/_____	Date of Birth: _____/_____/_____	
Full Name:	Suffix: ☐ Junior ☐ Senior	
Street Address:		
City / Suburb:	State:	Postcode:
Email:	Phone:	

APPLICATION DETAILS		
Patient Name:		Patient relationship to Applicant
Appointment date(s): _____/_____/_____		Appointment Location:
Travel & food allowance (capped $500 for a 2 wk period):	$.....	☐ Fuel ☐ Flights (the trust does not provide assistance for flights – contact Qld Health)
Accommodation:	$.....	To be booked through Everywhere Travel Carnarvon
Total requested:	$.....	**Up to $5,000 per beneficiary per financial year.**

- I am not eligible for benefits from any other funding source in relation to this account (e.g., another Trust, insurance company, government agency or employer).
- 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 Ankamuthi Charitable Trust Deed.

E-mail: 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 122, NEDLANDS WA 6909
If you have any queries, please contact us on (08) 9230 7700