

**Private Health Policy**

*Relieving Disadvantage*

Provides each registered beneficiary with financial assistance for the cost associated with obtaining private health cover for a beneficiary, their spouse and dependents.

**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**

Funds are not deducted from \$15,000 limit per beneficiary per FY. Funds come from a separate policy. Suggested cap on annual sum payable is \$6,500 for the applicant and any children, providing for Top Level Insurance cover.

Funds Requested: \$.....

Name of Private Health Fund:

Premium payment frequency:  Fortnightly  Monthly  Yearly

**REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER?**

Have you already paid the private health premium?  Yes  No

If 'yes' please provide:  Invoice detailing services from supplier and the amount paid; and  Receipt / bank statement / remittance / pay slip showing the funds were paid from your bank account / were deducted from your salary.

If 'no' please provide:  Invoice detailing services from supplier showing 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 assistance from another funding source (e.g. another Trust 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 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