

Private Health Policy

Relieving Disadvantage

Provides each registered beneficiary with financial assistance for the cost associated with obtaining private health insurance 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 (the cost does not come from your \$15,000 annual limits)

Funds Requested: \$..... The trust has set aside \$1 Million to provide top level private health insurance cover for all Yinhawangka People and their families.

Name of Private Health Fund: Please provide a quote if you do not already hold cover

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:

- ☐ Quote or Invoice detailing services from supplier showing the amount owed;
- ☐ 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

Mail: Mutual Trust, PO Box 122, NEDLANDS WA 6909

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