

# Submitting a Disbursement Request Form

Before you get started with a disbursement request:

- Have you read the Disbursement Guidelines?
- Are you authorized to make requests on behalf of the beneficiary?
- Are all the invoices or purchases from the last 90 days?

*If the answer to all three questions is yes, you are ready to complete the Disbursement Request Form. If not, please contact the assigned Service Coordinator to discuss it further.*

*Please note: Following the instructions for submitting a disbursement request does not guarantee approval. Disbursement requests submitted that do **not** follow the instructions will be delayed in processing.*

There are 4 sections of the form:

Beneficiary Information, Request Chart, Pay To, and Request By

## Beneficiary Information

Identifying Information

Beneficiary Name: <u>Joann Michaels</u>	Date: <u>11/15/20</u>
Account Number: WTC <u>987654</u>	

- **Beneficiary Name** is the name of the person who the trust account belongs to.
- List the **Date** that you complete the form.
- The **Account Number** will be provided during the initial meeting.
  - It will be WTC followed by a 6-digit number. This helps us confirm that the request is connected to the appropriate account.

Benefits

Please check all current benefits:				
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> SSA (Retirement)
<input type="checkbox"/> Housing	<input type="checkbox"/> Supplemental Medical Ins./Drug Coverage		<input type="checkbox"/> Other: _____	
<b>If you have not yet submitted the annual verification letter for each benefit, please submit with this request.</b>				

Different benefits have different rules that influence how trust funds can be utilized.

- When submitting a disbursement request, **check off each listed benefit** that the beneficiary receives.
- For each benefit, PLAN requires a copy of the benefit verification letter annually. Please submit a copy of the documentation if you have not already done so this year. If you are unsure when benefits documents were last updated, ask your Service Coordinator.

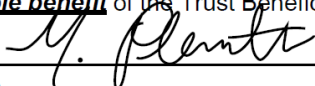


## Pay To

<b>Make Check Payable to:</b>		
<i>Mari Planette</i>	<i>234 Apple Tree Lane</i>	<i>Boston, MA 02111</i>
NAME	ADDRESS	CITY, STATE, ZIP CODE
Mail to (if different): _____		
<input type="checkbox"/> Please check box if mailing address has changed since previous disbursement(s) to same recipient.		

- Write the **name** and **complete address** of the person or company that should be paid.
  - This will be printed on the check issued for payment.
- If the check needs to be mailed to someone other than who is being paid, still list the payee’s address on the first line and on then **add the mailing address on the Mail to line.**
  - This is only done in rare circumstances. *Please contact your Service Coordinator if you have questions about where the check is being sent.*
- If the trust has been used to pay someone previously and their address has changed, please check the box indicating so. This will keep our records up to date.

## Request By

<b>Request made by:</b>	
Name: <u>Mari Planette</u>	Phone Number: <u>617-244-5552</u>
Email: <u>example@mail.net</u>	
Relationship to Beneficiary: <input type="checkbox"/> Self <input checked="" type="checkbox"/> POA <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Other: _____	
I hereby attest, under the pains and penalties of perjury, that the purchase(s) associated with this request were made for the <b>sole benefit</b> of the Trust Beneficiary.	
<u></u>	<u>11/15/20</u>
Signature	Date

- This section indicates who is making the request, which should be the beneficiary or their Disbursement Contact.
  - *The Disbursement Contact is identified on the application, during the enrollment process. The beneficiary or their agent may provide written approval for an additional representative.*
- Provide your **name, phone number, and email address.**
  - This contact information is important and will be used to contact you if there are any questions or additional information needed for us to process the request.
- Also check the box for your relationship to the beneficiary.
- **Sign and date** the request.
 

*Now that the form is complete, submit it to PLAN’s Trust Operations team for processing.*

Submit form and attachments via:		
Email: <a href="mailto:billing@planofma-ri.org">billing@planofma-ri.org</a>	PLAN of MA & RI 50 Braintree Hill Office Park Suite 110 Braintree, MA 02184	Fax: 617-795-0589