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: Joann Michaels	Date: 11/15/20
Account Number: WTC 987654	

- **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:
☒ Medicaid ☐ Medicare ☐ SSI ☐ SSDI ☐ SSA (Retirement)
☐ Housing ☐ Supplemental Medical Ins./Drug Coverage ☐ Other:____________
If you have not yet submitted the annual verification letter for each benefit, please submit with this request.

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.

PLAN Special Needs Trusts

Preserve Assets | Protect Benefits | Live Well

Request Chart

Date of Receipt/Invoice	Vendor/Place of Purchase	Item(s)/Service(s)Purchased	Receipt/Invoice Total	Itemized Receipt/Invoice Attached
10/18/2020	CVSx Local Pharmacy	Shampoo, Conditioner, and Snacks	$33.50	☑
11/2/2020	Public's Store	Food	$20.10	☑
				☐
				☐
				☐
				☐
☐ Additional Page Included		**Total from Additional Page:**		
		Total Amount Requested:	$53.60	

Completing the Chart

- Use one row per invoice or receipt
- In the "Item(s)/Service(s) Purchased" column, provide a **summary of what was purchased**.
  - You do not need to list every item individually.
- In the "Receipt/Invoice Total" column, list the **total amount to be paid** or reimbursed for that purchase.
  - This should reflect any sales or discounts that you received at the time of purchase.
  - This may include tax.
  - Donations or "round up" options cannot be reimbursed.
- Make sure you **include a clear copy of the receipt or invoice** and check the box in the last column indicating that you have done so.
- If you need more room, use the Additional Space for Disbursement Requests page.

Supporting Documents

- For each row, include an **itemized receipt** or invoice with the **date of purchase** or service.
- If the request is for reimbursement, the receipt should include **proof of payment**.

CVSx Local Pharmacy

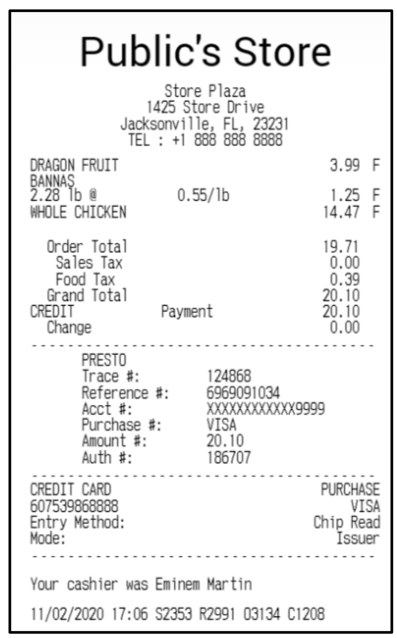
22323, SANCURS, RD
NEW YORK, NY, 121223
888 888 (8888)
REG#43 TRAN#6009 CSHR#831107 STR#10237
HELPED BY: Miggel

1	Shampoo	EACH	$4.65	T
1	Conditioner	EACH	$7.89	N
2	Go Chocolates	EACH	$17.98	N

4 ITEM
Subtotal $30.52
Tax $2.98
TOTAL $33.50
CHARGE $33.50
VISA XXXXXXXXXXXX 9999
CARD PRESENT
Tendered $0.00
Change $0.00

THANKS FOR SHOPPING WITH US

72987869213046140
10/18/2020 08:24 PM



Public's Store

Store Plaza
1425 Store Drive
Jacksonville, FL, 23231
TEL : +1 888 888 8888

DRAGON FRUIT 3.99 F
BANNAS
2.28 lb @ 0.55/lb 1.25 F
WHOLE CHICKEN 14.47 F

Order Total 19.71
Sales Tax 0.00
Food Tax 0.39
Grand Total 20.10
CREDIT Payment 20.10
Change 0.00

PRESTO
Trace #: 124868
Reference #: 6969091034
Acct #: XXXXXXXXXXXX9999
Purchase #: VISA
Amount #: 20.10
Auth #: 186707

CREDIT CARD PURCHASE
607539868888 VISA
Entry Method: Chip Read
Mode: Issuer

Your cashier was Eminem Martin

11/02/2020 17:06 S2353 R2991 03134 C1208

PLAN Special Needs Trusts
Preserve Assets | Protect Benefits | Live Well

Pay To

Make Check Payable to:

Mari Planette	*234 Apple Tree Lane*	*Boston, MA 02111*
NAME	ADDRESS	CITY, STATE, ZIP CODE

Mail to (if different):

☐ 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

Request made by:

Name: Mari Planette Phone Number: 617-244-5552

Email: example@mail.net

Relationship to Beneficiary: ☐ Self ☒ POA ☐ Guardian ☐ Conservator ☐ Other:

I hereby attest, under the pains and penalties of perjury, that the purchase(s) associated with this request were made for the ***sole benefit*** of the Trust Beneficiary.

M. Planette 11/15/20

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:	Mail:	Fax:
billing@planofma-ri.org	PLAN of MA & RI Two Adams Place, Ste.110 Quincy, MA 02169	617-795-0589