



The Eastern Band of Cherokee Indians

Application for Early Disbursement for Healthcare Needs

EBCI Minors Trust Fund

Return completed and notarized form to:

EBCI Finance Office, PO Box 455, Cherokee, NC 28719



Minors Participant Information

Name: _____ Enrollment Number: _____
First Middle Last

Social Security Number _____ Date of Birth: ____/____/____

Telephone: (____) _____ - _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Signature of Parent/Legal Guardian

Printed Name

Date

Early Distribution for Healthcare Needs

- Orthodontics (braces) *For orthodontics, please submit full treatment plan from orthodontist*
- Emergency Medical *For all other medical, submit documentation from treating facility.*
- Other: _____ **Total Amount of Healthcare Request: \$** _____

All distributions will be issued as General Welfare (GenWell) payments by default unless elected to opt out.

GENWELL OPT-OUT

I elect to **opt out** of the GenWell Program for this distribution.

I understand that this distribution will be treated as a **taxable payment** and will include a 25% federal tax withholding

NOTARY ACKNOWLEDGEMENT

State of: _____ County of: _____. On this _____ day of _____, 20____. Before me, _____, the undersigned Notary Public for _____ County, personally appeared: _____

personally known to me; or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the within instrument, and acknowledged to me that he/she executed the same for the purposes therein stated.

(SEAL)

Signature of Notary

Printed Name of Notary

My Commission Expires

EBCI MINORS & INCOMPETENTS EARLY DISBURSEMENT POLICY GUIDELINES

- 1. Application Process:** To be eligible for an early disbursement from the Minor's Fund, the minor's parent or legal guardian must submit an Early Disbursement Application to the EBCI Finance Office, with supporting documents by the following deadlines: March 31 (for June 15 Check), June 30 (for September 15 check), September 30 (for December 15 check), and December 31 (for March 15 check). All applications are reviewed and discussed by the Investment Committee within 30 days of the quarter end date to be considered for approval. Additional information may be requested, and the applicant will be notified if their application was approved or denied. Supporting documents must be included with applications and may include but not limited to a detailed cost breakdown, itineraries for education trips, doctor's statement, medical opinion or record, etc.
- 2. Use of Funds:** Approved funds must be used for the purpose requested in the application. If there is a refund or approved funds are not used, the amount must be returned to the Treasury Office to credit the funds back to the individual minor's account. If funds are used for purpose other than what is stated, the Committee will not consider any further early disbursement requests from the parent or guardian.
- 3. Taxes:** All Minors Trust Fund distributions are issued as General Welfare (GenWell) payments unless you opt out on the application. GenWell payments are intended to be non-taxable to the extent allowed by law. If you opt out of GenWell your payment will be subject to a 25% federal tax, state taxes are not withheld. If you opt out of GenWell you will receive a 1099 – Misc to file the taxes paid on your distribution.

*Payments are not issued with Per Capita payments and come from Charles Schwab Bank.