EBCI Minor's Trust Fund

Application for Early Disbursement for Healthcare Needs

EBCI Finance Office
PO Box 455 | 468 Sequoyah Trail |Cherokee, NC 28719
(828) 359-6000 | MinorsTrustFund@ebci-nsn.gov

Return completed, notarized applications and all required documents to the EBCI Office of Budget & Finance by hand delivery, mail, or email. Please note, emailed files must be in the form of a PDF. Images and/or illegible scans will not be accepted.

Minor's Trust Fund Participant Information

Name: _____ Enrollment Number: _____
First Middle Last

Social Security Number_____ Date of Birth:_____/_____/_____

Telephone: (_____)_____-_____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Consent and Authorization for Release of Protected Health Information (see page 2)

_____ _____ _____
Signature of Parent/Legal Guardian Printed Name Date

Early Distribution for Healthcare Needs

☐ Orthodontics (braces)
☐ Emergency Medical
☐ Other: _____

For orthodontics, please submit full treatment plan from orthodontist
For all other requests, submit documentation from treating facility.

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 _____, _____
(day) *(month)* *(year)* *(name of principal)*

personally appeared before me, the undersigned Notary Public for the State of _____ , and ☐ having been personally known to me; or ☐ having proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the within instrument, 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

CONSENT AND AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

By submitting this application for healthcare related funding, the parent or legal guardian of the minor participant authorizes the release of protected health information relating to the minor child for consideration of funding. This shall include treatment plans and physician recommendations, diagnoses relevant to the requested treatment, itemized costs or estimates for anticipated treatment expenses, billing statements, and any medical documentation necessary to substantiate the funding request. The information submitted along with this application is to be released to the EBCI Investment Committee and the EBCI Minor's Trust Fund to evaluate and process this request for an early distribution from the Minor's Trust Fund to pay for medically necessary care and related expenses. By submitting these documents, it is understood that this is a voluntary authorization that permits the disclosure of the information described above for the purpose stated. The parent or legal guardian may revoke this authorization at any time by providing written notice to the EBCI Minor's Trust Fund except to the extent action has already been taken in reliance on it. This authorization expires upon completion of the trust fund review process, unless otherwise required by law.

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 by the EBCI 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, 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.