

Date Received by BMPT: _____

Buckeye Medicaid Pooled Trust

1 East 4th Street, Suite 700

Cincinnati, Ohio 45202

Phone: 513-241-5748

Fax: 513-381-4847

BMPT@cambridgefoundation.com



Buckeye Medicaid Pooled Trust: Distribution Request

Trust Beneficiary Information

Name: _____ Address: _____

Have there been any changes in the Trust Beneficiary's public/government benefits since the last Distribution Request was submitted? Yes No If yes, please explain. _____

Does the Trust Beneficiary receive any Social Security Disability Insurance (SSDI) benefits? Yes No

Is the Trust Beneficiary deceased? Yes No If yes, date of death: _____

NOTE: In the event of the Trust Beneficiary's death, all final distribution requests must be submitted within thirty (30) days of the Trust Beneficiary's date of death.

Beneficiary Advocate

Name: _____ Phone: _____

E-mail: _____

Distribution Information

General Instructions. Please submit receipts, purchase orders, written estimates, or bills for goods or services that will be (or have been) purchased. The Buckeye Medicaid Pooled Trust requires receipts for **all** expenditures. Receipts and invoices should be submitted within ninety (90) days of the date of purchase/service. All expenses made must be for the primary benefit of the Trust Beneficiary. Expenditures for gifts, tobacco, alcohol, and/or cash given or provided to the Trust Beneficiary are just some examples of ineligible expenses for which distributions will not be made.

Please complete the information below. If more than one check is required, please be sure to specify each payee (to whom the check is made payable) and the amount(s) to be distributed for each check.

<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

TOTAL: _____

Mailing Instructions. Please provide the address(es) where the check(s) should be mailed:

If more space is needed, please attach additional sheets. The BMPT Trustee will review all requests for distribution and checks will be mailed after Trustee approval.

Signature of Beneficiary Advocate: _____ Date: _____

Please scan and send this completed form and receipts to BMPT@cambridgefoundation.com or send via fax at (513) 381-4847 or mail to Buckeye Medicaid Pooled Trust, 1 East 4th Street, Suite 700, Cincinnati, Ohio 45202.