

## FY 23-24 Martidja Banyjima (OHUODQ ,QILUP8WLOLWLHVSSRUW

### Member Details – this section must be completed

To be eligible for this assistance, an applicant must meet the beneficiary criteria as follows:

- A registered MIB (non-IBN) beneficiary DHRUROHU
- \$HHDUVRUROHUDQLVLQILUPHVLVDEOHRULPSDLUHLQWHEFUDUHRIDDULDQ  
IRUHDPSOH

Members Full Name (including middle name)

Date of Birth

 /  / 

Contact Phone Number

Tick (✓) if 'yes'

- This is my current number, please update my record
- This is a temporary number, please do not update my record

Email

The following are my current contact details and should be updated on my record:  Tick (✓) if 'yes'

Residential Address

Suburb

State

Postcode

Postal Address (if different to residential address)

Suburb

State

Postcode

## Assistance and support for medical and wellbeing

Support for Elderly and Infirm Members. Please tick (✓) which item(s) you would like assistance with:

- |   |  |
|---|--|
| <input type="checkbox"/> Household electricity utility service bill | <input type="checkbox"/> Household gas utility service bill    |
| <input type="checkbox"/> Household water utility service bill       | <input type="checkbox"/> Internet and telecommunications bills |

### Please note:

- Elderly is over 55 years old.
- This policy is restricted to the payment of household utility services and the MIB beneficiary must be either aged 55 years and over or aged 18+ years and infirm.
- The beneficiary does not need to be named or listed on the utility bill; however, they must prove permanent residence at the address listed on the bill.
- Household utility bills relating to electricity, gas and water consumption may be covered under this Policy.

### Exclusions:

- Cash payments
- Groceries / food
- Fuel
- House maintenance
- Vehicle related costs (including registration)
- Shire rates
- Health related expenses

## Beneficiary Allowance

- Up to \$5,000.00

Details of request: (note; no cash payments or reimbursements to beneficiaries are allowed)

Items	Supplier	Phone	Invoice / Quote No (#)	Amount
Total:				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Checklist of required documentation

Please tick (✓)

- 
- 
- 



If any supporting documentation has not been included BNTAC will contact the member to advise. This may delay processing of the application. BNTAC will make several attempts to contact the member. If a response is not received from the member within one month, the application will lapse and become inactive. If the member wishes to proceed with the application at any time, they should contact BNTAC to reactivate the application. Updated support documents may be required at this time.

## Declaration

I declare that the information I have provided above is true, complete, and accurate. I authorise BNTAC to speak to any interested parties about my application. BNTAC will not provide confidential or sensitive information to interested parties without explicit consent from myself. I understand that, in accordance with the Banjima Charitable Trust Deed, no cash payments or reimbursements can be made to me or any other Banjima beneficiary.

Signature

X

Date

□ □ / □ □ / □ □ □ □

Please send the completed form to:

Email: ms@bntac.org.au  
 Fax: 08 9216 9898  
 Post: BNTAC, PO Box 6278 WA, 6892  
 In person: Level 1/165, Adelaide Terrace, East Perth WA 6004

For further information please contact BNTAC on 9216 9888