



Dental Assistance

Eastern Guruma Native Title Charitable Trust No.2

APPLICANT DETAILS

Full Name:

Address:

Phone:

Dental treatment is available to any member without approval from the Advisory Trustees needed, on medical grounds. The applicant must simply forward AET confirmation of the appointment to AET and AET will make arrangements for these payments direct to the Dentist.

Members needing braces or orthodontic treatment, or members who need major work done should obtain a cost estimate/proposed treatment plan and send it to the Trustee before booking in for treatment, however there is no limit to the amount of funding that can be potentially provided. I understand that payment will only be made if there are enough funds held in the account. Please refer to the policy for details.

Details of the Assistance required:

Please provide a brief description as to why you are making this application, including any supporting documents.

Supporting documents enclosed?

 Yes

Allocation of Funds

Please list below how the amount is to be paid. Please provide payment details or a copy of the invoice for all payments.

Please note: If you have ongoing expenses related to this application, we will continue to pay these until the total is reached. If the total is reached and we are unable to make further payments we will let you know by phone or mail.

a) Name of person/company:

Amount:

 \$

Reason:

Copy of invoice provided?

 Yes

No - payment details required

b) Name of person/company:

Amount:

 \$

Reason:

Copy of invoice provided?

 Yes

No - payment details required

Account Details

Bank details:

BSB:

ACCOUNT:

Declaration

Signature of Applicant

Date

Please fax to **AET** on **(08) 9481 6148** or post to **PO Box 7008 Cloisters Square Perth WA 6850**
or e-mail it to: eg@aetlimited.com.au