

# Discretionary Medical and Dental Grant Application Form

Please complete the following. If you would like assistance completing this form, please contact any member of the Human Resource Department staff. Please note that funds are limited and are on a first-come-first-served basis. See Diocesan website for additional information <http://www.toronto.anglican.ca/parish-administration/human-resources-for-clergy/>.

Grants will only be considered for expenses that occurred in the year of the grant application.

Employee Name: \_\_\_\_\_

Office Number & Ext.: \_\_\_\_\_ Home/Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

I am applying for a medical or dental grant for the following reasons (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Statement of Understanding:**

- I have used all funds available through the Extended Health and Dental Program.
- I understand the Discretionary Medical Grant Application Form must be submitted along with proof of payment, including the Manulife claim statement.
- I have included all appropriate paperwork.
- I understand the minimum amount available is \$500 to a maximum of \$1,500.
- I understand that if funds are available, the request will be paid through Payroll.
- I understand these grants are considered as a taxable income.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### ***Human Resources Use Only:***

Request Approved: \_\_\_\_\_ Request Not Approved: \_\_\_\_\_

Date Request Forwarded to Payroll: \_\_\_\_\_

Signature of Director of Human Resources: \_\_\_\_\_