

# Discretionary Medical and Dental Grant Policy

## Purpose

The Discretionary Medical and Dental Grant is established to provide members of the Diocese of Toronto with extended health and dental plan who exceed their coverage with an alternative to access funds. The Discretionary Medical and Dental Grant has been established through refunds received from the Diocesan insurance carrier due to lower experience claims. The annual distribution of grants will be generated from the income earned from the fund and therefore the amount will differ from year to year. The Discretionary Medical and Dental Grant is administered by the Human Resource Department.

## Policy

The Discretionary Medical and Dental Grant Policy is available to active and retired clergy and Diocesan staff for medical and dental expenses of a minimum of \$500 up to a maximum of \$1,500.

## Eligibility for Grants

- Active and retired Clergy and Diocesan staff must be participating members of the Diocese of Toronto Extended Health and Dental Plan.
- Dependents of members who are covered by the Diocese of Toronto extended health and dental plan.
- The extended health and dental benefits must be completely depleted.
- Must be a member of the Diocesan plan for a minimum of one year.

## Reasons for Grants

The following are eligible for grants:

- Hospital Accommodation.
- Professional services by licensed practitioners. Must be the result of an illness or injury and supported by documentations from a medical practitioner.
- Dental Care: Major restorative services; dentures; orthodontics.
- Assistance with medical devices including but not limited to: orthotics, hearing aids, braces, wheel chairs, back support.

## Guidelines

- Complete the [Medical Grant Request Form](#) available on the Diocesan website. Upon Completion, return the form to Director of Human Resources for consideration and approval, along with proof of payment.
- The minimum amount available is \$500 to a maximum of \$1,500. All Grants will be approved by the Director of Human Resources in consultation with the Area Bishop. The Director of Human Resources will notify the applicant if the application meets the criteria for a grant.
- The Director of Human Resources will forward the approved grant request to Payroll. All grants will be paid through payroll and is a taxable benefit.
- Employees may only request one grant in every two calendar years.

## Taxable Benefit

These grants are considered as taxable income and will be paid through payroll.

## Confidentiality

All requests for grants for the Medical and Dental Grant will be kept confidential.

## Procedural Questions

Employees with questions regarding the Discretionary Medical and Dental Grant Policy should contact the Director of Human Resources or any member of the human resources department.

# 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. See Diocesan website for additional information <http://www.toronto.anglican.ca/parish-administration/human-resources-for-clergy/>

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: \_\_\_\_\_