



The Arc of Bristol County Master Pooled Trust

Continuing Expenditures Request Form

Beneficiary:	Personal Representative:
Date:	PR Phone:
	PR Email:
Benefits (check all that apply): SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MassHealth/Medicaid <input type="checkbox"/>	
For SSI recipients only: This request does not include payment for items related to food or housing <input type="checkbox"/>	

The Beneficiary or Personal Representative authorizes the Arc of Bristol County Master Pooled Trust to submit a disbursement request that will be paid from the Beneficiary's trust sub-account as monthly invoices are received by Trust Services Staff or as the date of a monthly reimbursement arrives. Please note if we do not receive the invoice we will not be able to pay the bill.

Choose One: ☐ **START** ☐ **CHANGE** ☐ **CANCEL/END**

MONTH THE CONTINUING EXPENDITURE REQUEST SHOULD START: _____

AMOUNT TO BE PAID: \$ _____ OR IF AMOUNT MAY VARY: AS BILLED ☐

PAYMENT IS **DUE** ON THE _____ OF EACH MONTH

DISBURSEMENT DESCRIPTION: _____

Payment Options (Choose only one: Check or True Link Card)	
Make Check Payable To: _____	Memo on Check (e.g. Invoice or account number): _____
<u>Mail Check To:</u>	
Name: _____	Address: _____
City: _____	State: _____ Zip: _____

Invoices must be sent in to Trust Services every month in order for them to be processed. Proof of monthly payment will need to be submitted along with the invoice for monthly reimbursements to be processed.

By signing this form, I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Personal Representative or Beneficiary: _____ Date: _____

Send this completed form to The Arc of Bristol County Master Pooled Trust at:

EMAIL:
Trusts@arcnbc.org

MAIL: The Arc of Bristol County, Trust Services,
16 Hillside Avenue, Attleboro, MA 02703

FAX:
774-203-3082

Please allow 5-7 business days for processing. Incomplete forms will be returned to the Personal Representative or Beneficiary. FEEL FREE TO MAKE COPIES OF THIS FORM.