



The Arc of Bristol County Master Pooled Trust

Disbursement 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"/>	

Section 1: Please list the item or service for which a disbursement is requested.

Item/Service Description	Amount

Section 2: Payment Option

Make Check Payable To:	Memo on Check (e.g. Invoice or account number):
_____	_____
Mail Check To:	
Name: _____	Address: _____
City: _____	State: _____ Zip: _____

Section 1: Please list the item or service for which a disbursement is requested.

Item/Service Description	Amount

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Make Check Payable To:	Memo on Check (e.g. Invoice or account number):
_____	_____
Mail Check To:	
Name: _____	Address: _____
City: _____	State: _____ Zip: _____

You must attach all legible receipts, invoices, or other required documents and submit them within 60 days from when the expenses were incurred.

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

Generally, disbursements are mailed within 7-10 business days. Incomplete forms will be returned to the Personal Representative or Beneficiary. FEEL FREE TO MAKE COPIES OF THIS FORM.