



**WisPACT**

# **HANDBOOK**

**Guidelines for Beneficiaries and Advisors  
of WisPACT Beneficiaries.**

Effective 11-14-2016



# TABLE OF CONTENTS

Please watch WisPACT’s videos on our website for help and information. ([www.wispact.org](http://www.wispact.org))

<b><u>Topic</u></b>	<b><u>Page Number</u></b>
<b>Beneficiary Advisor Duties</b>	
Guidelines for Effective Advisors .....	4-5
<b>WisPACT Trust Guidelines</b>	
Payments for Expenses or Costs .....	5-6
<b>Distributions</b>	
What is a distribution?.....	7
What can distributions pay for?.....	7
How can complications be minimized?.....	7
How long does it take for a distribution to be completed?.....	7-8
Do I have to submit a request every month for recurring bills?.....	8
What should I submit along with the RFD Form? .....	8
Expenses that cannot be paid for by SSI recipients.....	8-10
What can distributions not pay for? .....	11
How do I request a distribution? .....	11
<b>Samples of Request for Distribution Forms</b>	
Invoices received by WisPact .....	14-15
Reimbursements to agents of a WisPACT trust sub-account .....	16-17
Agent Agreement	
Appointment of Trustee’s Disbursement Agent .....	18-19
Credit Card Purchases .....	20-21
Advancements to trustee’s disbursement agents .....	22-23
Invoice not in the name of beneficiary .....	24-25
Auto purchase policy .....	26
Request for Distribution – Purchasing a Home.....	27
<b>SSI and Medicaid (Also known as Medical Assistance, MA, or Title XIX).....</b>	<b>28</b>
<b>Trustee Information.....</b>	<b>29</b>
<b>WisPACT Trust I &amp; II Fees &amp; Disclosures 10/01/2015 Transaction Fees .....</b>	<b>30</b>
<b>Internet Resources .....</b>	<b>31-32</b>
<b>WisPACT, Inc. Staff – How They Assist You .....</b>	<b>33-34</b>

## **BENEFICIARY ADVISOR DUTIES**

(The following information is part of the WisPACT, Inc. Master Trust Documents)

The Advisor is initially appointed by the creator of the trust. This person may be the creator, a representative, or any other individual or organization. If the person appointed by the creator of the trust does not wish to serve, WisPACT will assist in finding a person; this will include appointing a paid advisor.

The role of the Advisor is to provide information and advice to WisPACT, Inc. or the Trustee concerning the circumstances, needs and preferences of the beneficiary, and the use of the assets for the benefit of the beneficiary under policies and procedures set by the Board of WisPACT, Inc. WisPACT, Inc. encourages the advisor to participate in the development and modification of any individual plans for the use of the assets. The advisor may initiate a request for review by the WisPACT, Inc. Distribution Review Committee concerning the distribution of the assets. The beneficiary's needs and desires with regard to the distribution of the trust assets are always considered first, but the opinions of the advisor are considered as well. The wishes of the beneficiary and advisor are not binding on the Trustee and WisPACT, Inc.

The Trustee or WisPACT, Inc. will provide the Advisor with the following:

1. A copy of the annual accounting of the trust assets.
2. Notice of any action by a government agency or court affecting the validity of the trust account or its ability to carry out its purposes.
3. Notice of any grievances or requests for Distribution Review Committee action filed by or on behalf of the beneficiary.
4. Other notices as specified by the WisPACT, Inc. Board of Directors.

### **Guidelines for Effective Advisors:**

1. Know the beneficiary well enough so that you know what is important in his/her life and well enough so that she/he feels comfortable communicating with you. This includes understanding the beneficiary's personality, temperament, values, communication methods and styles, and what enhances his or her happiness.
2. Communicate with the beneficiary at least once per month and be willing to both talk and listen to the beneficiary;
3. Know or be willing to learn about new resources that would help the beneficiary's life and advise the beneficiary and WisPACT of these options.
4. Work with the beneficiary to plan for short term and long term needs of the beneficiary and work with them to send requests for distributions to WisPACT after training;

5. Be available to receive requests for distributions from the beneficiary and forward them to WisPACT;
6. Desire to have the beneficiary participate in activities designed to enhance their quality of life; and
7. It is important for the advisor to balance the appropriate level of oversight with respect for the beneficiary's self-determination and autonomy.
8. Advisor should review the Handbook with the Beneficiary.

## **WISPACT, INC. – TRUST GUIDELINES**

(The following information is part of the WisPACT, Inc. Master Trust Documents)

### **Payments for Expenses or Costs**

**IMPORTANT:** To protect public benefits, please note the following legal restrictions:

- No cash will be distributed to a beneficiary – regardless of the circumstances
- By law, all distributions of a WisPACT Trust I are for the sole benefit of the beneficiary during his/her lifetime

WisPACT may distribute income and principal for a beneficiary's benefit at such times and in such amounts as WisPACT, in its sole and absolute discretion, may determine if the distribution is consistent with the purpose of the Trust. The following purposes are examples of distributions that may be made, but distributions are not limited to those listed:

1. Medical, dental, psychological or therapeutic services or treatment of any kind which are otherwise not available to the beneficiary through public assistance; medication, equipment or supplies not available through public assistance; home care; respite care or long-term care in a community-based residential facility or nursing facility services not available through public assistance; nursing or rehabilitative services, private room charges, physical, occupational and other therapy, or any other care, services or equipment not available to the beneficiary through public assistance.
2. Educational or vocational expenses, social or supportive services, and other services such as private case management, personal grooming, health and recreational club dues, delivery services, housekeeping, home, appliance and automobile repairs, and chore services when provided by a licensed agency.
3. Travel, vacations, transportation expenses, entertainment expenses for the sole benefit of the beneficiary.
4. Appliances, furniture, household goods and other personal items to be used by the beneficiary on such terms and conditions as the Trustee, in its sole discretion, shall deem suitable.
5. An automobile and/or van for the beneficiary's benefit; modification, improvement and maintenance of such vehicle(s), fuel, and insurance on such vehicle(s). The automobile must be titled in the beneficiaries name.

6. If the beneficiary is not receiving SSI, expenses connected with rental or ownership of living quarters, including payments or loans for purchase, mortgage insurance, taxes, rent, and repairs and maintenance, on such terms and conditions as the Trustee shall deem suitable.
7. Items by which the beneficiary's life will be enriched and made more enjoyable, including, but not limited to, radios, televisions, cable television service, audio, video and computer equipment, electronic devices and/or equipment, and the maintenance of same.
8. Resources to be used in a trade or business, or to implement a plan to achieve self-support that is approved by the Social Security Administration.
9. Payment of any premiums and deductible amounts for the beneficiary on any insurance policies covering the beneficiary, as long as no other party is listed as a beneficiary under the policy, and the policies are compatible with your public benefits.
10. Attorney, accounting, and guardianship fees and disbursements including court fees.
11. Any tax obligation of the beneficiary or the Trust.
12. Funeral and burial or cremation expenses. Trust assets may be used only for (a) prepayment of funeral and burial expenses prior to the beneficiary's death; and (b) payments allowed by the Contribution Agreement after the beneficiary's death must be paid either from the Retained Fund or after all required payments to states for Medicaid benefits paid on behalf of the beneficiary. Please note that payment from the Retained Fund is not guaranteed for a particular reason and cannot be expected. Also, most self-funded trusts have no assets available to pay funeral and burial expenses because of State payback to Medicaid. Therefore, prepayment is strongly recommended.
13. Any other purpose including the purchase of property goods or services that may incidentally benefit a person other than the beneficiary of the trust account which, in the Trustee's discretion, promotes the purposes of this Trust and is for the sole benefit of the beneficiary.

**In many cases, a beneficiary may receive domestic care from a relative, family friend, or some other person not explicitly employed by a care giving agency. Because of the legal complexity and the frequent changes in the relevant law, compensation to these domestic caregivers from a WisPACT Special Needs Trust cannot always be guaranteed. In these circumstances, please contact your beneficiary specialist immediately to discuss the possibility of arrangement for compensation.**

## **DISTRIBUTIONS**

### **What is a Distribution?**

A distribution is a payment from a WisPACT Trust account for goods or services provided to the trust beneficiary.

### **What can distributions pay for?**

Despite the restrictions imposed by public benefit laws, the trustee can make distributions to buy many goods and services for the trust's beneficiary. In some ways it is easier to answer this question by explaining what limits are placed on distributions:

- **The trust may only be used for the beneficiary.** This means the trust cannot pay for gifts from the beneficiary to others.
- Generally public benefits law prohibits cash distributions. This means the trust cannot usually reimburse the beneficiary or others for things that have already been purchased or paid for. Instead the trust should
  - (1) Pay a store or service provider directly for goods or services they provide to the beneficiary,
  - (2) Reimburse a third party who purchased the good or services for the beneficiary, or
  - (3) Make a direct payment on a credit card statement.
- For a third party to be reimbursed, an agent agreement is absolutely required. Please contact your Beneficiary Specialist if an agent agreement is desirable.

If public benefit rules are not followed, the beneficiary's public benefits may be reduced or lost completely; placement on waiting lists may be lost; and, in some cases, the government may start collection efforts to obtain repayment for incorrectly paid benefits. Lastly, public benefits law requires the trustee to have final discretion to make distribution payments.

**A beneficiary or advisor should immediately contact the beneficiary specialist if there is any change to the beneficiary's public benefits.**

### **How can complications be minimized?**

Complications can be minimized if the beneficiary/advisor and WisPACT can work to make advance arrangements. Depending on the public benefits the beneficiary receives, there are often strategic ways to accomplish what the beneficiary wants. Vehicle, housing, and other larger requests should be pre-authorized and often require additional processing time.

### **How long does it take for a distribution to be completed?**

It is very important to follow procedures closely when submitting RFD's to avoid any delays in processing. Overnight payment is possible, but it requires an additional \$25.00 fee. Also, an

overnight request must be made before 11:00 a.m. on a weekday. Please ask your Beneficiary Specialist about Saturday delivery, if needed. Saturday delivery is \$35.00.

The RFD Form may be reproduced from our website. ([www.wispact.org](http://www.wispact.org) - Advisor's Information Page) or you can call 608-268-6006 to request that one be sent to you.

### **Do I have to submit a request every month for recurring bills?**

We can make billing arrangements for certain recurring monthly bills. This can include direct mailing of monthly bills to WisPACT. Examples include cable/satellite bills, phone/cell bills and utilities. Rent bills can be paid automatically. Please discuss with the Beneficiary Specialist before making an arrangement independently with a vendor or service provider.

### **What should I submit along with the RFD form?**

When you submit a Request for Distribution, we need:

- Invoices (bills) that record and itemize what you specifically would like to be paid
- Photocopies of receipts NOT originals
- Illegible or faded receipts cannot be accepted

Please keep in mind that when submitting an RFD that the size and organization of the RFD may affect the time and accuracy of its completion. This can be especially noticeable with requests that contain a large number of receipts. If you send in more than five receipts, please try to sort the receipts by category (for example – transportations vs. social interaction vs. household goods). Send photocopies, not originals. Next add these receipts up for a total by category and grand total. Please try to display these totals on a separate sheet. If you have any questions, do not hesitate to call your Beneficiary Specialist. By calling, you will be assuring a timely and accurate reimbursement. You can verify if a distribution has been processed by logging into your account at [www.wispact.org](http://www.wispact.org).

### **The following expenses CANNOT be paid for SSI Recipients:**

#### **Supplementary food and shelter such as:**

- Rent
- Groceries
- Cost difference between shared and private room
- Property Taxes
- Basic Utilities (e.g. Heat, Gas, Electric, Water, Sewer & Garbage Removal)
- Mortgage (including property insurance required by mortgage holder)

Note: Certain distribution requests may require a “denial” by Medicaid or insurance providers to be considered a supplemental need. This is a partial, not exhaustive, list of possible uses of trust fund assets.

The Trustee is not absolutely prohibited, however, from making a distribution that reduces or disqualifies a beneficiary from certain Public Benefits if, in the Trustee's sole discretion, such distribution is in the interest of the Beneficiary and will increase his or her comfort and happiness. See the following form for the proper release form. Note there are exceptions for a temporary absence.



131 West Wilson St., Suite 300 · Madison, WI 53703 · Phone (608) 268-6006 · Fax (608) 252-8449 · [www.wispact.org](http://www.wispact.org)

---

Dear **Beneficiary**

This letter is in regards to your distribution request for \$\$\$\$\$\$ to pay for **IKSM**. As a recipient of SSI it is important that you understand this request may result in a reduction of your benefit check.

When you use funds in your special needs trust to purchase items that are considered In Kind Support and Maintenance the Social Security Administration may consider this as income received and can reduce your benefit check proportionately to what was received in assistance from your trust. The following is a list of applicable items:

- Food
- Mortgage (including property insurance required by the mortgage holder)
- Real Property Taxes (less any tax rebate/credit)
- Rent
- Heating Fuel
- Gas
- Electricity
- Water
- Sewer
- Garbage removal

Also the value of a gift card/ gift certificate is income in the month it is received if the gift card/certificate:

- Can be used to purchase food or shelter; **or**
- Can be resold

Also, the value of cash is income in the month it is received.

You are receiving this letter in acknowledgement that the distribution you are requesting fits into one or several of these categories. By signing this letter you acknowledge that this distribution could negatively affect your SSI amount. You also acknowledge that you are responsible for reporting any events that could affect your SSI. This should be reported to your local Social Security Administrative Office within 10 days of the month following the change. WisPACT and your trustee are not responsible for reporting these possible changes to the Social Security Administration.

For your convenience, we have included what we believe is your local Social Security Office. We found this office by using your address of residence that we have on file. If you feel this is not correct, then please report the change to the office you feel is correct. You can find your local office simply by going to: [www.socialsecurity.gov/locator](http://www.socialsecurity.gov/locator)

**SOCIAL SECURITY**  
**6011 Odana Road**  
**Madison WI 53719**



131 West Wilson St., Suite 300 · Madison, WI 53703 · Phone (608) 268-6006 · Fax (608) 252-8449 · [www.wispact.org](http://www.wispact.org)

---

Finally, we request that you sign this letter. If you cannot sign the letter, then we ask that your legal representative sign this letter and provide his or her title. After signing this letter, please mail it back to WisPACT. We have provided a self-addressed envelope to assist with this.

Thank you,

**Whomever Should Sign**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title, if Legal Representative

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

Date: \_\_\_\_\_

**Date**  
**Type of IKSM**  
**Amount**

## **What Can Distributions NOT Pay For?**

1. CASH
2. REIMBURSEMENTS OF EXPENSES PAID BY BENEFICIARY
3. GIFTS/GIFT CARDS/GREETING CARDS
4. UTILITIES OR FOOD (SSI recipients)

## **How do I request a distribution?**

t appointed trust advisor or beneficiary will fill out the uniform Request for Distribution (RFD) Form and attach appropriate statements, bills, or other explanatory information about the items to be purchased.

The RFD Form should be mailed or faxed to the WisPACT office at the address or fax number on the RFD form. We attempt to notify the advisor, beneficiary, or person making the request if a payment cannot be completed. If an RFD is denied, the advisor and/or beneficiary would be contacted and possible remedies or alternatives can be sought through WisPACT and the Trustee. Otherwise, if you do not hear from WisPACT staff, it should be assumed that payment will be made as requested.

## **STEPS to Request a Distribution?**

**Step 1** Fill out a uniform RFD form properly

**Step 2** Attach/send statements, bills or explanation for purchase.

**Step 3** Mail, fax, or email RFD form.

**Step 4** View your account online to see if payment has been posted after 2 weeks.

**REMEMBER TO USE THE VIDEOS ON THE WISPACT WEBSITE FOR HELP AND INFORMATION.**



This is where the tab gets inserted.



# REQUEST FOR DISTRIBUTION FORM

OFFICE USE ONLY			
Date Rec'd:		Emergency:	<input type="checkbox"/>
By:		Recurring:	<input type="checkbox"/>
<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MA <input type="checkbox"/> MED <input type="checkbox"/> RET		Electronic:	<input type="checkbox"/>
Date Opened:	AA <input type="checkbox"/>	Name:	

Beneficiary: Beneficiary Name

Phone #: Beneficiary Phone Number

Request Made By: Beneficiary/Advisor/Legal Rep

Phone #: Phone number of person making request

Trust Account #: 43R

**Requested by (check one):**

Trustee (Advisor)

Beneficiary

Other (explain):

Bal. \_\_\_\_\_

Following is/are the item(s) or service(s) for which a distribution is requested. A receipt, purchase order or like must be attached. If additional information is needed, requester will be notified.

ITEM/SERVICE DESCRIPTION	AMOUNT	RECOMMENDATION (OFFICE USE ONLY)		
		Initials/Date	Tax Code	
1. <u>List of goods and services</u>	\$ <u>0.00</u>		->	
2. <u>(continued)</u>	\$		->	
3. <u>(continued)</u>	\$		->	
4.	\$		->	
5.	\$ <u>0.00</u>		->	

1. Payee Name of service provider or vendor beneficiary acct# patient ID etc, if available Amount: \$ total

Address: Address where payment should be sent

2. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

3. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

4. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

5. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

**MAIL ALL REQUESTS TO:**

WisPACT, Inc. Attn: Operations, 131 W. Wilson St. Ste. 300, Madison, WI 53703

**OR FAX ALL REQUESTS TO: 1-608-252-8449 or Toll Free Fax 1-855-588-2200**

**REIMBURSEMENTS TO AGENTS**  
**OF A WisPACT TRUST SUB-ACCOUNT**

- An agent agreement needs to be in place before agents can be reimbursed. This document must be signed both by the beneficiary and agent, Executive Director of WisPACT and Trustee of our Trust Company. (Form on page 16-17)
- An agent can be reimbursed for purchases made ONLY for the SOLE BENEFIT of the beneficiary and no one else. Purchases must be made with Agent's funds, not beneficiary's.
- Reimbursements will be made for the TOTAL amount verified by the receipts.
- All purchases must be compliant with In Kind Support and Maintenance (IKSM) rules for SSI recipients.
- **SSI RECEIPIENTS** cannot use their trust for the following: food, mortgage (including property insurance required by mortgage holder), property taxes, rent, heating fuel, natural gas, electricity, water, sewer, garbage removal and third party travel. If one receives SSI and wants WisPACT to reimburse for the above stated items, then an IKSM form must be signed and submitted to Social Security Administration. This form is located on page 24-25.

# REQUEST FOR DISTRIBUTION FORM

OFFICE USE ONLY			
Date Rec'd:		Emergency:	<input type="checkbox"/>
By:		Recurring:	<input type="checkbox"/>
<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MA <input type="checkbox"/> MED <input type="checkbox"/> RET		Electronic:	<input type="checkbox"/>
Date Opened:	AA <input type="checkbox"/>	Name:	

Beneficiary: Beneficiary Name

Phone #: Beneficiary Phone Number

Request Made By: Beneficiary/Advisor/Legal Rep

Phone #: Phone number of person making request

Trust Account #: 43R

**Requested by (check one):**

Trustee (Advisor)

Beneficiary

Other (explain):

Bal. \_\_\_\_\_

Following is/are the item(s) or service(s) for which a distribution is requested. A receipt, purchase order or like must be attached. If additional information is needed, requester will be notified.

ITEM/SERVICE DESCRIPTION	AMOUNT	RECOMMENDATION (OFFICE USE ONLY)		
		Initials/Date	Tax Code	
1. <u>List of goods and services</u>	\$ <u>0.00</u>		->	
2. <u>(continued)</u>	\$		->	
3. <u>(continued)</u>	\$		->	
4.	\$		->	
5.	\$ <u>0.00</u>		->	

1. Payee Name of Agent receiving reimbursement Amount: \$ total

Address: Address where payment should be sent

2. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

3. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

4. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

5. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

**MAIL ALL REQUESTS TO:**

WisPACT, Inc. Attn: Operations, 131 W. Wilson St. Ste. 300, Madison, WI 53703

**OR FAX ALL REQUESTS TO: 1-608-252-8449 or Toll Free Fax 1-855-588-2200**

**Agent Agreement**  
**Appointment of Trustee's Disbursement Agent**

The person listed below is appointed as Agent of the Trustee of the WisPACT Trust II Sub-Account for the Benefit of \_\_\_\_\_  
NAME OF SUB-ACCOUNT BENEFICIARY

Name of Agent: \_\_\_\_\_  
Address \_\_\_\_\_ of \_\_\_\_\_ Agent:  
Phone: \_\_\_\_\_  
Email \_\_\_\_\_ address \_\_\_\_\_ of \_\_\_\_\_ Agent:  
Date of Birth of Agent: \_\_\_\_\_  
Last 4 digits of SSN: \_\_\_\_\_ or EIN # of Agent: \_\_\_\_\_

**Agent's Authority**

- A. The Agent is authorized to be reimbursed by the Trustee for Agent's payment of telephone, cable and internet services and products, house wares and small appliances, laundry and cleaning supplies and other household products, postage and stationary, apparel, footwear and related products, bus and cab fares, gasoline and vehicle cleaning and maintenance supplies, personal care and grooming products, reading materials, fees and admissions, pet supplies and related services, hobby expenses, and other recreational or social interaction services, and the like for the Beneficiary.
- B. Agent may be reimbursed upon submission of a Request for Distribution with supporting receipts and proof of payment by Agent.

**Agent's Compensation**

The Agent shall not be entitled to any compensation for services rendered under this instrument.

**Effective Date and Term of Appointment**

This instrument shall first be effective immediately upon the earliest date of execution by either WisPACT, Inc. or Trustee and shall remain in full force or until revoked.

Signed by Beneficiary this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Beneficiary's Signature

Signed by Trustee's Disbursement Agent this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Agent's Signature

Signed on behalf of WisPACT, Inc. this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**WisPACT, Inc.**

\_\_\_\_\_  
Signature  
**Executive Director/President**  
\_\_\_\_\_  
Title

Signed on behalf of the Trustee this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**TRUSTEE**

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Title

## CREDIT CARD PURCHASES

- The distribution request should include:
  1. A copy of the statement.
  2. Copies of receipts for purchases made.
- Copies of receipts must also be compliant with sole-benefit rules, meaning that purchases are for beneficiaries only; they cannot be for someone else or be for gifts that the beneficiary purchased.
- Please note that a payment cannot be made toward the credit card balance for purchases missing a receipt, without additional review and approval.
- It is important to provide materials to WisPACT and a completed Request for Distribution to allow for timely processing of payments. It may take 7-10 business days for a check to be received after the request has been sent to WisPACT. ATC can also make electronic payments, which may be received on the same or next day. WisPACT will need the full 16 digit credit card number to process the payment.
- Please note that your trust cannot pay credit card interest or late fees. It can take your credit card's financial institution 7-10 business days to apply a payment after it has been issued by Trustee.
- Receipts must be for qualified purchases that are compliant with IKSM rules for SSI recipients. SSI recipients cannot use their trust for the following:
  - Food
  - Mortgage (including property insurance required by the mortgage holder)
  - Real Property Taxes
  - Rent
  - Heating Fuel
  - Gas
  - Electricity
  - Water
  - Sewer
  - Garbage Removal
  - Third Party Travel

# REQUEST FOR DISTRIBUTION FORM

OFFICE USE ONLY			
Date Rec'd:		Emergency:	<input type="checkbox"/>
By:		Recurring:	<input type="checkbox"/>
<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MA <input type="checkbox"/> MED <input type="checkbox"/> RET		Electronic:	<input type="checkbox"/>
Date Opened:	AA <input type="checkbox"/>	Name:	

Beneficiary: **Beneficiary Name**

Phone #: **Beneficiary Phone Number**

Request Made By: **Beneficiary/Advisor/Legal Rep**

Phone #: **Phone # of Beneficiary/Advisor/Legal Rep**

Trust Account #: **43R**

**Requested by (check one):**

Trustee (Advisor)

Beneficiary

Other (explain):

Bal. \_\_\_\_\_

Following is/are the item(s) or service(s) for which a distribution is requested. A receipt, purchase order or like must be attached. If additional information is needed, requester will be notified.

ITEM/SERVICE DESCRIPTION	AMOUNT	RECOMMENDATION (OFFICE USE ONLY)		
		Initials/Date	Tax Code	
1. <b>List of goods and services</b>	\$ <b>0.00</b>		->	
2. <b>(continued)</b>	\$		->	
3. <b>(continued)</b>	\$		->	
4.	\$		->	
5.	\$ <b>total</b>		->	

1. Payee **(Name of payee listed on statement stub)** **Acct # xxxx-xxxx-xxxx-xxxx** Amount: \$ **total**

Address: **Address where check should be mailed**

2. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

3. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

4. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

5. Payee \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

**MAIL ALL REQUESTS TO:**

WisPACT, Inc. Attn: Operations, 131 W. Wilson St. Ste. 300, Madison, WI 53703

**OR FAX ALL REQUESTS TO: 1-608-252-8449 or Toll Free Fax 1-855-588-2200**

## **ADVANCEMENTS TO TRUSTEE'S DISBURSEMENT AGENTS**

- It is possible for an agent to receive an advancement of the funds prior to making a purchase.
- A completed Appointment of Trustee's Disbursement Agent form must be on file before advancements to any agent.
- It is important to estimate the costs as closely as possible to the actual costs.
- Receipts must be submitted after purchases.
- Receipts must be for qualified purchases that are compliant with IKSM rules for SSI recipients. SSI recipients cannot use their trust for the following:
  - Food
  - Mortgage (including property insurance required by the mortgage holder)
  - Real Property Taxes
  - Rent
  - Heating Fuel
  - Gas
  - Electricity
  - Water
  - Sewer
  - Garbage Removal
  - Third Party Travel
- Receipts must also be compliant with sole-benefit rules, meaning that purchases are for beneficiaries only; they cannot be for someone else or be for gifts that the beneficiary purchased.
- Receipts must account for the total amount of money advanced or slightly more. If the total amount advanced is not accounted for it can be counted as income to the beneficiary which may have negative consequences for public benefits eligibility and may eliminate future advancements.

# REQUEST FOR DISTRIBUTION FORM

OFFICE USE ONLY			
Date Rec'd:		Emergency:	<input type="checkbox"/>
By:		Recurring:	<input type="checkbox"/>
<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MA <input type="checkbox"/> MED <input type="checkbox"/> RET		Electronic:	<input type="checkbox"/>
Date Opened:	AA <input type="checkbox"/>	Name:	

Beneficiary: **Beneficiary Name**

Phone #: **Beneficiary Phone Number**

Request Made By: **Beneficiary/Advisor/Legal Rep**

Phone #: **Phone # of Beneficiary/Advisor/Legal Rep**

Trust Account #: **43R**

**Requested by (check one):**

Trustee (Advisor)

Beneficiary

Other (explain):

Bal. \_\_\_\_\_

Following is/are the item(s) or service(s) for which a distribution is requested. A receipt, purchase order or like must be attached. If additional information is needed, requester will be notified.

ITEM/SERVICE DESCRIPTION	AMOUNT	RECOMMENDATION (OFFICE USE ONLY)	
		Initials/Date	Tax Code
1. <b>List of goods and services</b>	\$ <b>Estimate</b>		->
2. <b>(continued)</b>	\$		->
3. <b>(continued)</b>	\$		->
4. <b>Receipts to follow</b>	\$		->
5.	\$ <b>Estimate</b>		->

1. Payee **Name of Agent to be advanced**      Amount: \$ **Estimate**  
 Address: **Address where check should be mailed**
2. Payee \_\_\_\_\_      Amount: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_
3. Payee \_\_\_\_\_      Amount: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_
4. Payee \_\_\_\_\_      Amount: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_
5. Payee \_\_\_\_\_      Amount: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_

**MAIL ALL REQUESTS TO:**  
**WisPACT, Inc. Attn: Operations, 131 W. Wilson St. Ste. 300, Madison, WI 53703**  
**OR FAX ALL REQUESTS TO: 1-608-252-8449 or Toll Free Fax 1-855-588-2200**

## **INVOICE NOT IN THE NAME OF BENEFICIARY**

- It is possible to have a bill which is not in the name of the beneficiary paid for with WisPACT trust funds as long as the purchase of goods/services are for the beneficiaries sole benefit.
- It will be important to demonstrate that the bill is for a service to the beneficiary. The service should be provided at the address where the beneficiary resides.
- It may not be possible in all cases that the bill can be paid in full with funds from the sub-account. Instead the beneficiary may only be allowed to pay his/her portion. For example a beneficiary may only be able to pay their fair share of a utility bill.
- The completed RFD should clearly indicate the amount of the bill the sub-account should pay if the beneficiary is paying only a portion.
- The completed RFD should clearly indicate the payee and address where the payment should be sent. If the payment is not to be mailed directly to the service provider, it can be mailed to the beneficiary. The RFD address line should read as follows: c/o Beneficiary Name, followed by Beneficiary Address.

# REQUEST FOR DISTRIBUTION FORM

OFFICE USE ONLY			
Date Rec'd:		Emergency:	<input type="checkbox"/>
By:		Recurring:	<input type="checkbox"/>
<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MA <input type="checkbox"/> MED <input type="checkbox"/> RET		Electronic:	<input type="checkbox"/>
Date Opened:	AA <input type="checkbox"/>	Name:	

Beneficiary: **Beneficiary Name**

Phone #: **Beneficiary Phone Number**

Request Made By: **Beneficiary/Advisor/Legal Rep**

Phone #: **Phone # of Beneficiary/Advisor/Legal Rep**

Trust Account #: **43R**

**Requested by (check one):**

Trustee (Advisor)

Beneficiary

Other (explain):

Bal. \_\_\_\_\_

Following is/are the item(s) or service(s) for which a distribution is requested. A receipt, purchase order or like must be attached. If additional information is needed, requester will be notified.

ITEM/SERVICE DESCRIPTION	AMOUNT	RECOMMENDATION (OFFICE USE ONLY)		
		Initials/Date	Tax Code	
1. <b>List of goods and services</b>	\$ <b>0.00</b>		->	
2. <b>(continued)</b>	\$		->	
3. <b>(continued)</b>	\$		->	
4.	\$		->	
5.	\$ <b>total</b>		->	

1. Payee **Name of vendor/service provider to be paid**      Amount: \$ **total**  
 Address: **Address where check should be mailed**
2. Payee \_\_\_\_\_      Amount: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_
3. Payee \_\_\_\_\_      Amount: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_
4. Payee \_\_\_\_\_      Amount: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_
5. Payee \_\_\_\_\_      Amount: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_

**MAIL ALL REQUESTS TO:**  
**WisPACT, Inc. Attn: Operations, 131 W. Wilson St. Ste. 300, Madison, WI 53703**  
**OR FAX ALL REQUESTS TO: 1-608-252-8449 or Toll Free Fax 1-855-588-2200**

## **Auto Purchase Policy**

One common use of Trust funds is the purchase of an automobile. Please note that any request for distribution of Trust funds for car purchases, like for all distributions, are made at the discretion of WisPACT and the Trustee. The first step in requesting funds from your Trust to purchase a car is to fill out an **Automobile Purchase Application**, please request this from your Beneficiary Specialist. In conjunction with filling out this application, a Beneficiary must provide a number of verifications to WisPACT, including proof of a driver's license and an insurance quote. Upon review of the application, if the distribution is approved it still may be necessary for the Beneficiary or their legal representative to execute a Loan Agreement which will require that a lien be placed on the vehicle equal to the amount of Trust funds disbursed to purchase the vehicle.

**Please note that like all distributions from your Trust**, this distribution is made for your sole benefit, no other individual may use the car purchased from your trust unless the car is used to drive you and the driver assisting you executes an Affidavit of Sole Use. Owning one car is allowable under SS/Medicaid rules; however, if you sell this car the proceeds from the sale will be countable. You have an obligation to promptly notify the Social Security Administration and/or Wisconsin Department of Health Services if you have a change in resources such as the purchase of a car. Your WisPACT Trust will not be available to pay for any debts incurred if the car is used as collateral to obtain a Title Loan. Neither WisPACT, the Trustee, nor your Trust has an ownership interest in, or liability for this car.

Purchasing a car can be a time consuming process. Remember that your Beneficiary Specialist can move the process along by working with you and your dealer.

**First:** Complete the **Automobile Purchase Application**, which is available upon request from your Beneficiary Specialist.

**Second:** Secure a Bill of Sale for the car you wish to purchase from the Dealer. It must include the VIN#, Make, Model and purchaser's address and submit it to WisPACT. The determination of the necessity of a lien is evaluated on a case by case basis. If a lien is determined necessary you will also be required to provide WisPACT with a copy of the MV-11 Wisconsin Application for Auto Title/Registration.

**Third:** The Beneficiary, or individual that will be driving the Beneficiary, must provide a copy of their driver's license. Once WisPACT receives the copy of the driver's license, it will be verified to assure the driver's license is valid.

**Fourth:** If applicable, the Beneficiary must also obtain an insurance Quote which satisfies the minimum coverage requirements requested in the lien Agreement. A minimum of \$100 thousand per person to \$300 thousand in comprehensive and liability per accident is required.

**Fifth:** a) If it is determined that a lien is necessary, the Beneficiary will execute a Loan Agreement. This must be signed in front of a Notary Public (most banks have one on staff). Return the signed lien agreement along with a copy of your driver's license and proof of Insurance and a copy of the title application to WisPACT.

b) If no loan agreement is executed you will have to sign an acknowledgement that will address the responsibilities of owning the vehicle. This acknowledgement specifically outlines your

obligation to report the conversion of the vehicle to cash, and our policy regarding auto title loans taken out against vehicle value.

**Sixth:** Once all required agreements are submitted to your Beneficiary Specialist, and if otherwise approved, your check will be sent to you and in most cases, it will be made out to the Dealer, mailed in care of your name to your home address. Make sure your Dealer will accept a check written in this manner. WisPACT can also send the check directly to the Dealer, if necessary. It is also possible to have your funds wired to the seller.

### **Request for Distribution – Purchasing a Home**

The process of purchasing a home requires the completion of the **Home Distribution Application**. This can be acquired upon request from your Beneficiary Specialist. Due to the complicated legal requirements necessary for the trust to purchase a home, a lien may be necessary. WisPACT, Inc. requires that the Beneficiary or Advisor retain counsel to draft the necessary documents. The necessity of a lien is determined on a case by case basis. Prompt completion of the Home Loan Application will help expedite this process. The Executive Director (608-268-6006, extension 201) can address concerns in this area.

NOTE: When requesting to purchase a home or any other large request, please allow more time for these types of transactions to be processed.

## **SSI AND MEDICAID**

**(also known as Medical Assistance, MA, or Title XIX)**

### **SSI (Supplemental Security Income)**

A federally sponsored disability income program for persons of limited means who are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment, which can be expected to result in death or to be of long-continued and indefinite duration, lasting no less than twelve months. This benefit can be reduced if a beneficiary receives assistance with food, shelter, and housing.

### **Medicaid (also known as Medical Assistance, MA, or Title XIX)**

Medicaid (or Medical Assistance) is a program which pays for necessary health care services for eligible persons whose financial resources are not adequate to provide for their health care needs. The disability standard for Medicaid is the same as SSI.

A disabled individual may be eligible for Medical Assistance and still have the following:

1. Cash, bank accounts, stocks, certificates of deposit or other liquid assets with a total value under \$2,000.
2. Irrevocable burial trusts and burial arrangements.
3. \$1,500 paid life insurance policies.
4. A home, if the Medicaid recipient still lives in their home, or, if he/she is residing in a nursing home, but expects to return within a year.
5. One vehicle regardless of value.
6. Personal possessions.
7. Other assets of any amount which are not countable, such as WisPACT Trusts

Note: Many of these assets may be subject to estate recovery at the death of the beneficiary.

## **TRUSTEE INFORMATION**

**Trustee:** Chemical Bank  
Midland, Michigan

Candy Keysor-Oudman  
Vice President and Personal Trust Officer  
Chemical Bank, Wealth Management  
720 Pleasant Street  
St. Joseph, MI 49085

Toll Free: 800-943-7386, press 9, press 1, enter extension 53975  
Direct Line: (269) 983-3791

### Duty Regarding Distributions:

WisPACT may consult with the beneficiary, a representative, an advisor or any other person whom WisPACT feels is appropriate with regard to the personal needs, interests and desires of a beneficiary. All decisions regarding distributions, however, shall be made solely by the Trustee, in the Trustee's discretion.



## Trust I (Self-Funded) & Trust II (Third Party) 2016 Fee Disclosure

<b>Set Up Fee</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Funded Trust Accounts:</td> <td style="text-align: right; padding: 2px 5px;">\$250.00</td> </tr> <tr> <td style="padding: 2px 5px;">Unfunded Trust Accounts:</td> <td style="text-align: right; padding: 2px 5px;">\$150.00 at creation, balance of \$100 due at funding</td> </tr> </table>	Funded Trust Accounts:	\$250.00	Unfunded Trust Accounts:	\$150.00 at creation, balance of \$100 due at funding										
Funded Trust Accounts:	\$250.00														
Unfunded Trust Accounts:	\$150.00 at creation, balance of \$100 due at funding														
<b>Tax Returns</b>	<p>\$225.00 / year*</p> <p><small>*Tax return preparation costs are currently subsidized by a WisPACT Grant, however this is subject to change.</small></p>														
<b>Termination Fee</b>	\$0.00														
<b>Trust Administration Fee</b>	<p><i>Percentage fees are charged monthly in advance based on the Trust account's end-of-the month account value</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9ead3;"> <th style="padding: 5px;">Trust Account Value</th> <th style="padding: 5px;">Trust Administration Fees <small>For Investment fees, see the explanation below**</small></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$750 - \$10,000</td> <td style="padding: 5px;">\$0/month + 0.46% per year***</td> </tr> <tr> <td style="padding: 5px;">\$10,001 - \$30,000</td> <td style="padding: 5px;">\$15/month + 1.86% per year</td> </tr> <tr> <td style="padding: 5px;">\$30,001 - \$100,000</td> <td style="padding: 5px;">\$25/month + 1.56% per year</td> </tr> <tr> <td style="padding: 5px;">\$100,001 - \$150,000</td> <td style="padding: 5px;">\$33/month + 1.36% per year</td> </tr> <tr> <td style="padding: 5px;">\$150,001 - \$250,000</td> <td style="padding: 5px;">\$46/month + 1.16% per year</td> </tr> <tr> <td style="padding: 5px;">\$250,001 or more</td> <td style="padding: 5px;">\$67/month + 0.81% per year</td> </tr> </tbody> </table>	Trust Account Value	Trust Administration Fees <small>For Investment fees, see the explanation below**</small>	\$750 - \$10,000	\$0/month + 0.46% per year***	\$10,001 - \$30,000	\$15/month + 1.86% per year	\$30,001 - \$100,000	\$25/month + 1.56% per year	\$100,001 - \$150,000	\$33/month + 1.36% per year	\$150,001 - \$250,000	\$46/month + 1.16% per year	\$250,001 or more	\$67/month + 0.81% per year
Trust Account Value	Trust Administration Fees <small>For Investment fees, see the explanation below**</small>														
\$750 - \$10,000	\$0/month + 0.46% per year***														
\$10,001 - \$30,000	\$15/month + 1.86% per year														
\$30,001 - \$100,000	\$25/month + 1.56% per year														
\$100,001 - \$150,000	\$33/month + 1.36% per year														
\$150,001 - \$250,000	\$46/month + 1.16% per year														
\$250,001 or more	\$67/month + 0.81% per year														
<b>**Investment Advisory Fee</b>	<p>Investment advisory services are provided by SEI Investments for approximately .50% annually. Trust investment results are net of SEI Investment Advisory fees. Investment Fees do not include brokerage commissions, dealer spreads and other costs associated with the purchase or sale of securities, custodian fees, interest, taxes and other account expenses. Such expenses are typically charged at the fund level. Please understand that these are not newly imposed fees on mutual funds but are normal and customary administrative charges that are assessed by a majority of mutual fund providers.</p>														
<b>Possible Additional Distribution Fees</b>	<p>Beneficiaries will be charged a \$25.00 fee for an overnight check.</p> <p>Beneficiaries will be charged a \$25.00 fee for wiring funds.</p>														
<b>***Please Note</b>	<p>For trust accounts valued between \$750 and \$10,000, Chemical Bank charges fees; WisPACT does not charge fees. For accounts in excess of \$10,000, WisPACT and Chemical Bank charge their standard service fees.</p>														
<b>Important</b>	<p>If you would like to review your fees, please contact WisPACT at 608-268-6006 and you will be re-routed to the appropriate staff person.</p>														
<b>WisPACT Grant</b>	<p>A WisPACT Grant may be able to assist with the legal and set-up fees for a Trust I funded with \$40,000 or less and Trust II (funded trusts) of \$60,000 or less. Please see wispact.org for details.</p>														

## INTERNET RESOURCES

### **Federal:**

Social Security Administration:

[www.socialsecurity.gov/](http://www.socialsecurity.gov/)

Supplemental Security Income (SSI):

[www.socialsecurity.gov/notices/supplemental-securityincome/](http://www.socialsecurity.gov/notices/supplemental-securityincome/)

Social Security Disability Insurance (SSDI):

[www.socialsecurity.gov/disability](http://www.socialsecurity.gov/disability)

Medicaid Centers for Medicare and Medicaid Services:

[www.cms.hhs.gov/medicare/](http://www.cms.hhs.gov/medicare/)

[www.medicare.gov](http://www.medicare.gov)

Disability Information:

[www.disabilityinfo.gov](http://www.disabilityinfo.gov)

Substance Abuse and Mental Health Services Administration:

[www.samhsa.gov](http://www.samhsa.gov)

Independent Living Services for Older, Blind Individuals:

[www.ed.gov/programs/rsailob/index.html?exp=0](http://www.ed.gov/programs/rsailob/index.html?exp=0)

Medicare (Centers for Medicare and Medicaid Services):

<http://cms.hhs.gov/providers/hha/>

Medicaid (Centers for Medicare and Medicaid Services):

<http://cms.hhs.gov/medicaid/>

Protection and Advocacy for Individuals with Mental Illness:

<http://www.mentalhealth.org/cmhs/P&A/default.asp>

## **INTERNET RESOURCES continued..**

### **Wisconsin:**

WisPACT, Inc.:  
[www.wispact.org](http://www.wispact.org)

Wisconsin Medicaid:  
<http://dhs.wisconsin.gov/medicaid/>

State and Local Government on the Net:  
[www.statelocalgov.net/](http://www.statelocalgov.net/)

Disability Rights Wisconsin:  
[www.drwi.org](http://www.drwi.org)

Coalition of Wisconsin Aging Groups:  
[www.cwag.org](http://www.cwag.org)

Legal Action of Wisconsin, Inc.:  
[www.legalaction.org](http://www.legalaction.org)

Judicare:  
[www.judicare.org](http://www.judicare.org)

Department of Vocational Rehab:  
[www.dwd.state.wi.us/dvr](http://www.dwd.state.wi.us/dvr)

AARP Benefits QuickLINK:  
[www.aarp.org/quicklink](http://www.aarp.org/quicklink)

You can access your trust online through Wispact's website or through  
<https://wispact.reninc.com/default.aspx>.

## **WISPACT, INC. STAFF – HOW THEY ASSIST YOU**

### **Executive Director/President – Olivia Wong**

**Email: [owong@wispact.org](mailto:owong@wispact.org)**

**Phone #: 608-268-6006 Ext. 201**

The executive director reviews all trust applications prior to their submission to the Trustee's office in Midland, Michigan. The executive director is the liaison between WisPACT, Inc. and the trust creator's attorney. The executive director has the authority to review all Requests for Distribution before they are submitted to the Trustee for payment. The executive director assists the beneficiary specialist with the initial review of Requests for Distribution when required.

### **Beneficiary Specialist Manager – Eric DeGroot**

**Email: [edegroot@wispact.org](mailto:edegroot@wispact.org)**

**Phone #: 608-268-6006 Ext. 202**

### **Beneficiary Specialist – Jim Grohskopf**

**Email: [jgrohskopf@wispact.org](mailto:jgrohskopf@wispact.org)**

**Phone #: 608-268-6006 Ext. 204**

### **Beneficiary Specialist – Lisa Barrientos**

**Email: [lbarrientos@wispact.org](mailto:lbarrientos@wispact.org)**

**Phone #: 608-268-6006 Ext. 212**

### **Beneficiary Specialist – Stephanie Wilson**

**Email: [swilson@wispact.org](mailto:swilson@wispact.org)**

**Phone #: 608-268-6006 Ext. 203**

The role of the beneficiary specialist is to review all Requests for Distributions submitted for payment to make sure that the beneficiary's Social Security and Medical Assistance benefits are not being compromised. She/he must also be familiar with special transactional procedures such as purchasing a vehicle or home.

In addition, the beneficiary specialist must have knowledge of agencies in the beneficiary's community that could assist him/her with special needs, and maximize trust assets.

### **Trust Advisor – Meghan Teigen**

**Email: [mteigen@wispact.org](mailto:mteigen@wispact.org)**

**Phone #: 608-268-6006 Ext. 206**

The trust advisor assists the executive director. This includes review of trust applications and Requests for Distributions. The trust advisor also assists the trust creator's attorney with questions and complications. Finally, the trust advisor ensures that complex Requests for Distribution are coordinated and done in a way that does not threaten the beneficiary's public benefits.

**WisPACT**

131 W. Wilson Street, Suite 300

Madison, WI 53703

608-268-6006

Fax (608) 252-8449

Toll Free Fax 855-588-2200

Revised on 10/13/2016

**WisPACT, Inc.**

131 W. Wilson St., Suite 300 | Madison, WI 53703

Phone: (608) 268-6006 | Fax: (608) 252-8449 | Toll Free Fax (855) 588-2200

[mjones@wispact.org](mailto:mjones@wispact.org) | [www.wispact.org](http://www.wispact.org)

Please watch our WisPACT videos on our website for information.