

PROGRAM FOR REIMBURSING EXPENSES OF LIVING ORGAN DONORS (PRELOD)

PRELOD Application Form

This form is to be completed by all eligible living organ donors and submitted with original or scanned receipts.

Section A: Applicant Information

Name: _____ Gender: M F Other

Date of Birth: _____ Phone Number: _____ Email: _____

Home Address: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Health Card Number: _____

Transplant Program: _____ Kidney Liver

	Yes	No
Are you eligible to apply for a Northern Health Travel Grant? If yes, you are required to apply for Northern Health Travel Grant before applying for PRELOD.	<input type="checkbox"/>	<input type="checkbox"/>
Are you applying for the Loss of Income Subsidy? If yes, you are required to submit the Income and Benefit Verification Form .	<input type="checkbox"/>	<input type="checkbox"/>

Non-Canadian Residents Only

Passport #: _____ Currency of Reimbursement: _____

I, _____, the undersigned, have to the best of my knowledge, provided accurate and complete information. I understand that the personal information provided in this application will be used only for the purposes of establishing my eligibility for expense reimbursement from Trillium Gift of Life Network (TGLN). The information provided will be subject to processing by Workday, a third-party service provider, in a jurisdiction outside of Canada. Workday is compliant with internationally recognized standards of privacy protection and is subject to the General Data Protection Regulation (GDPR) of the European commission. I further understand that TGLN may compile statistical information to report on their expense reimbursement program or for demographic purposes; no identifying personal information will be used for such reporting purposes. If you have concerns about how TGLN manages your personal information please see www.giftoflife.on.ca or call the Privacy Officer at 1-800-263-2833.

Signature of Applicant

Date mm dd yyyy

Optional: Are you related to the intended organ recipient? Related Unrelated I am donating anonymously

Ethnic Background _____

Refer to the PRELOD Brochure for detailed eligibility for each expense category. Original or scanned receipts must be submitted for all Donor and Companion claims, except mileage and meal / meal allowance.

Section B: Expense Claims

Name: _____ Date: _____
mm dd yyyy

Travel: Includes economy airfare (greater than 100km), train, bus, and shuttle/taxi/ride share service, Mileage (\$0.41/km), parking or public transit up to a maximum of \$2,000. For mileage reimbursement, estimate the distance for travel, one-way, between home and the transplant program and include the total number of one-way trips made (a return trip would count as 2). **Receipts are required.**

Details			Claim (\$) Maximum \$2,000	Reimbursement <i>For office use</i>
Mileage between home & transplant program _____ k/m	No. of one-way trips being claimed _____	Total mileage being claimed _____ x \$0.41/km	\$ _____	
Total Parking Claim			\$ _____	
Total Airfare			\$ _____	
Total Bus Fare / Total Train Fare			\$ _____	
Public Transit			\$ _____	
Other Type of Travel: _____			\$ _____	
Total Travel Claim			\$ _____	

Meals: Includes meal expenses incurred attending an eligible visit (hospital assessments, donation surgery and post-surgery follow-up at hospital up to one year after surgery). The maximum daily allowance is \$30 per day, up to \$210. **No receipts are required.**

		Claim (\$) Maximum \$210	Reimbursement <i>For office use</i>
No. of days meals are being claimed for _____	Total Meal Claim	\$ _____	

Accommodations: For donors who live more than 100km from their transplant hospital, accommodation may be claimed for each assessment visit, up to 5 nights post-discharge following surgery, and up to one year after surgery for follow-up appointments. The maximum nightly allowance is \$250 per night, up to \$2500 per claim. **Receipts are required. Exceptions may apply for out-of-province or out-of-country donors. Please contact administrator for details.**

		Claim (\$) Maximum \$2,500	Reimbursement <i>For office use</i>
No. of nights being claimed _____	Total Accommodation Claim	\$ _____	

OPTIFAST®, Medical, Prescription, Non-Medical Expenses

		Claim (\$) Maximum \$700	Reimbursement <i>For office use</i>
OPTIFAST®: for living liver donors who are required to take OPTIFAST®, as verified by their transplant program, up to \$700. Receipts are required.			
Total OPTIFAST® Claim		\$ _____	
		Claim (\$) Maximum \$1500	
Medical, Prescription, Non-Medical: expenses will be considered on a case by case basis and up to \$500 per category. Receipts are required.			
Total Medical, Prescription, Non-Medical Claim		\$ _____	

Section D: Direct Deposit Claim Submission Form

If this is your first time submitting a claim to the Program for Reimbursing Expenses of Living Organ Donors (PRELOD), please include this page along with your banking information (void cheque or letter from financial institution) and application form.

If your payment information has changed or you previously received a payment by cheque, please re-submit or include this form with your application along with all relevant banking details.

Patient Information

Patient's Last Name

Patient's First Name

Banking Information for Electronic Funds Transfer

. YOU WILL NOT RECEIVE A PAYMENT IF YOU DO NOT COMPLETE THIS SECTION AND SUBMIT A VOIDED CHEQUE OR SIGNED BANK LETTER.

Name of Financial Institution

Address of Financial Institution

Country of Financial Institution

Canadian Bank Account Information:

Bank Number

Branch Number

Account Number:

Authorization

By signing this form, I certify that all information submitted is true and accurate, to the best of my knowledge.

Signature of Patient

Date

PRELOD Application Checklist

This checklist includes instructions on how to submit an application to PRELOD

To ensure that your PRELOD application is processed as quickly as possible, please ensure that all the correct forms and supporting documentation are submitted. **Applications must be received no later than 12 months after your last assessment or follow up visit to be considered eligible for reimbursement.**

Please refer to the Application Checklist (below) prior to submitting your application package.

Required Forms: All living organ donors and potential living organ donors seeking financial reimbursement from PRELOD are required to submit these forms.

<input type="checkbox"/>	PRELOD Application Form (Section A and B above)	<ul style="list-style-type: none"> ✓ Include original receipts for all eligible expenses, except mileage and meal allowance claims. ✓ Applicants from Northern Ontario who have applied for the <i>Northern Health Travel Grant</i> can submit photocopied receipts.
<input type="checkbox"/>	Direct Deposit Claim Form (Section D above)	<ul style="list-style-type: none"> ✓ Applicant must be a Canadian resident to qualify for direct deposit ✓ Voided cheque or a letter from donor's financial institution must be included with the PRELOD application/direct deposit form

Supplemental Forms: These forms are applicable to some living organ donors and potential living organ donors. See details to determine eligibility.

<input type="checkbox"/>	Companion Expense Claim (Section C above)	<ul style="list-style-type: none"> ✓ Complete and submit Section C of the <i>PRELOD Application</i> if you are a living donor and a companion accompanied you to your surgery.
<input type="checkbox"/>	Income and Benefit Verification Form	<ul style="list-style-type: none"> ✓ Complete and submit this form if you: <ul style="list-style-type: none"> ▪ Are a working or self-employed Canadian resident ▪ Underwent surgery to donate your organ ✓ Must be completed by the applicant and the applicant's employer, if applicable.
<input type="checkbox"/>	Loss of Income Certificate	<ul style="list-style-type: none"> ✓ Complete the <i>Certificate</i> with your Transplant Physician/Coordinator as soon as donor surgery is scheduled. ✓ Submit with the <i>Income and Benefit Verification Form</i>.
<input type="checkbox"/>	Support to Travel Letter	<ul style="list-style-type: none"> ✓ For Donors from Outside of Ontario who need to travel for assessment or surgery to become a living organ donor. ✓ To be completed prior to travelling to Ontario

Completed applications can be scanned and emailed to the PRELOD Coordinator PRELOD@ontariohealth.ca or mailed in a confidential envelope to:

Trillium Gift of Life Network, PRELOD Coordinator
157 Adelaide Street West, Box 606
Toronto, Ontario, M5H 4E7