

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

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: _____

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			\$ _____	

Meal/Meal Allowance: 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: Applicants who live more than 100km from the transplant program may claim up to 2 nights for each assessment visit, up to 5 nights after discharge from the hospital after surgery, and up to 2 nights for each post-surgery follow-up visits up to 1 year after surgery. The maximum nightly allowance is \$175 per night, up to \$2000. **Receipts are required.**

		Claim (\$) Maximum \$2,000	Reimbursement <i>For office use</i>
No. of nights being claimed _____	Total Accommodation Claim	\$ _____	

OPTIFAST®: Available for living liver donors who are required to take OPTIFAST®, as verified by their transplant program, up to \$700. **Receipts are required.**

		Claim (\$) Maximum \$700	Reimbursement <i>For office use</i>
Total OPTIFAST® Claim		\$ _____	

Section C: Companion Expense Claims

All donors who proceed to surgery will be eligible for companion reimbursement for travel, accommodation and meals, at the same rate as the living donor. Companion expenses will only be reimbursed during the immediate pre-surgery, in hospital stay, and up to 5 days after donor discharge from hospital until the donor's return home. Regular assessment or follow-up appointments will not be reimbursed.

Applicant Name: _____

Companion Name: _____ **Date:** _____

Companion Travel: Includes economy airfare (greater than 100km), train, bus, or other public transit up to a maximum of \$2,000. Companions typically travel with the donor, therefore, are ineligible for expenses which are being claimed by the donor. *Other companion travel will be considered on a case by case basis. Receipts are required.*

Companion Travel With Donor	Claim (\$) Maximum \$2,000	Reimbursement <i>For office use</i>
Total Airfare	\$ _____	
Total Bus Fare / Total Train Fare	\$ _____	
Public Transit	\$ _____	
Other Companion Travel		
Details: _____	\$ _____	
Total Companion Travel Claim	\$ _____	

Companion Meal/Meal Allowance: Includes meals on the day before the surgery, during the hospital stay, and up to 5 days after donor discharge from hospital, up to \$210 at a maximum of \$30 per day. **Receipts are not required.**

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

Companion Accommodations: Companions of donors who live more than 100km from the transplant program are eligible to claim accommodations expenses on the night before the surgery, during the hospital stay, and up to 5 days after donor discharge from hospital, up to \$2000 at a maximum of \$175 per night. **Receipts are required.**

		Claim (\$) Maximum \$2,000	Reimbursement <i>For office use</i>
No. of nights being claimed _____	Total Companion Accommodation Claim	\$ _____	

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"/> Appointment Verification Form	<ul style="list-style-type: none"> ✓ Provided by the Transplant Program ✓ To be completed by the Transplant Coordinator and returned to the applicant for submission with the <i>PRELOD Application Form</i>. ✓ Appointments will be verified with the Transplant Program if the checklist is not provided with the <i>PRELOD Application</i>

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@giftoflife.on.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