



# Member Health Grant Application Form

SA POLICE LEGACY may provide financial assistance to serving sworn South Australia Police Officers, and their immediate family, as well as Young Legatees up to and including 21 years of age, when faced with serious health issues.

The circumstances requiring the assistance must be as the result of serious illness or serious injury to; the member; or to the member's child or spouse; or to a Young Legatee. The application must be done within 12 months of the diagnosis of the illness or injury. Generally, once a successful grant has been paid, the applicant cannot apply for another Member Health Grant within five years of payment. In extenuating circumstances, the Board will consider a second application. Approval of Member Health Grants are made at the Board's discretion including the amount of the grant based on the information received in the application.

If you have any queries about the application process please contact Bernie Sahb, Liaison Officer – Members & Young Legatees, on 8232 5513 or by email: [bernie@policelegacysa.org.au](mailto:bernie@policelegacysa.org.au).

To apply for the Member Health Grant, please complete all fields and return by email or post.

## 1. Member or Young Legatee Details

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

Please circle:                      I am a Serving Member                      I am a Young Legatee (under 21 years)

Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. Applicant Details (person completing this form, if different to above)

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

Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 3. Nature of serious illness/injury

Please provide a detailed summary of the illness/injury (use additional paper if required):

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#### 4. Supporting Information

If you have exhausted all your leave, have you applied to SAPOL's Leave Bank? YES or NO. If yes, did you receive assistance? If no, do you intend to? \_\_\_\_\_  
\_\_\_\_\_

Have you applied for assistance from SAPOL's Sick and Accident Fund? YES or NO. If yes, did you receive assistance? If no, do you intend to? \_\_\_\_\_  
\_\_\_\_\_

Have you applied for assistance from the Police Health/PASA Benevolent Trust Fund? YES or NO. If yes, did you receive assistance? If no, do you intend to? \_\_\_\_\_  
\_\_\_\_\_

Do you have any other sources of income? eg, spouse/partner's income, superannuation, Workcover, income protection insurance, Centrelink, fundraising, charitable contributions? If yes, please specify source and amount: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of any other financial support received, eg, loan from family or friends: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has there been a financial impact of the serious illness/injury? YES or NO

Total expenses relating to the serious illness/injury (please attach receipts): \_\_\_\_\_

Total out-of-pocket expenses, ie, gap payments you have made for private health fund, Medicare, income protection insurance, etc, (include receipts): \_\_\_\_\_

**Amount of financial assistance requested from SA Police Legacy:** \_\_\_\_\_

Please outline the impact on your life and on that of your family due to the serious illness/injury, eg, financial, social, emotional, psychological stresses (use additional paper if required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. Applicant Bank Details

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

BSB: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Bank / Credit Union: \_\_\_\_\_

## 6. Disclaimer by Applicant

\*For Young Legatees under 18 years this section must be completed by the Parent/Guardian.

I declare that the information provided on this form is true, accurate and complete

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

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

**Completed application form is to be returned via email to Liaison Officer, Members & Young Legatees**

Email: [info@policelegacysa.org.au](mailto:info@policelegacysa.org.au)

## Treasurer's Use Only

Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method: \_\_\_\_\_