



COMMUNITY TRUST I

INFORMATION AND PROCEDURES

THE TRUST:

The My Choice Community Trust I is a pooled supplemental needs trust established pursuant to Federal and State law that permits a person with a disability to shelter their own funds in order to remain eligible for asset-dependent government benefits. The Master Trust document governs the entire pool of accounts and is already in place. Withdrawals/Disbursements are made at the sole discretion of the Trustees and must be for the primary benefit of the disabled Beneficiary.

CCANY, Inc. is the administrator and co-Trustee of My Choice Community Trust I. A financial institution is appointed as co-Trustee per Master Trust Article V Section 5.1.

CONTACT INFORMATION:

My Choice Trust Services

258 Genesee Street, Mezzanine Level

Utica, NY 13502

Phone: (866)-427-3575

Email: ContactUs@MyChoiceTrust.org

Web: MyChoiceTrust.org

HOURS OF OPERATION:

Monday – Friday

8:30a-4:30p

ELIGIBILITY:

This Trust is open to New York State residents, who by reason of their disabilities as defined in Social Security Law Section 1614 (a)(3), shall be eligible beneficiaries of this trust. There are no restrictions based on an individual's disability, religion, or ethnicity.

SUITABILITY:

The responsibility for assessing whether the Trust aligns with an individual's needs lies solely with the Beneficiary and their representatives. Prospective Beneficiaries are advised to seek guidance from their legal counsel, case managers, or other professional advisors before considering participation in the Trust. This Trust might not be suitable for all. Monthly fees are applicable, and all deposited funds are designated as the property of the Trust. Given that the Trustees are unaware of each individual's unique circumstances, they cannot ascertain whether the Trust offers the most suitable solution for a specific person.

ESTABLISHING AND FUNDING AN ACCOUNT:

Each individual must establish their own account. The Enrollment Application (Joinder Agreement) must only be signed by the Beneficiary or their parent, grandparent, legal Guardian, or Power of Attorney.

If the application is fully completed and notarized, and all necessary supporting documentation is included, accounts can typically be established within 5-7 business days.

To apply for a Community Trust I account, be sure to submit:

- A completed Enrollment Application (Joinder Agreement).
- A copy of the Social Security Card.
- A copy of award letters for Social Security Disability and/or SSI benefits, or the SSA-1099.
- Disability determinations received from NYS after age 65.
- Any determinations from NYS Medicaid, if applicable.
- Any Power of Attorney documents, if applicable.
- Any Guardianship papers, Decrees, Letters in Article 17A or Order and Commission in Article 81, if applicable.
- Any court orders directing the establishment of a trust along with any structure settlement orders, if applicable.
- If the application (Joinder) was executed utilizing a supported decision-making process as delineated in Article 82 of the Mental Hygiene Law, please provide a copy of the agreement and attestation, as provided in MHL 82.10 (d)(3).

****NOTES**

POAS ESTABLISHED PRIOR TO SEPTEMBER 2010 must also provide an Affidavit of Full Force and Effect.

INITIAL FUNDING OF ACCOUNT:

Once approved, your account will need to be funded with a minimum of \$250.00 Your Trust Representative will walk you through this part of the process. Payments can be made with either a hard copy check, or electronically.

The minimum initial deposit of \$250 will cover a one-time non-refundable enrollment fee of \$100, and the first month's administration fee. For an explanation of all fees, please refer to the Fee Schedule found on our website in the documents section.

SUBSEQUENT DEPOSITS:

Once an account has been established and funded with the initial deposit as explained above, subsequent deposits can be made at any time using either the "Electronic Deposit Slip" or the "New Account or Hard Copy Check Deposit Slip" found on our website. You will also receive deposit slips in your Welcome Packet.

Cash deposits are not accepted.

All checks should be made out to *"My Choice Community Trust, fbo Beneficiary's Name"* and mailed to the address on the deposit slip.

As stated in our Fee Schedule found on our website, any checks returned for insufficient funds will trigger a \$25 charge to your account.

FEES:

A copy of our full Fee Schedule can be found on our website and are subject to change.

There is a \$100 one-time, non-refundable enrollment fee.

All trust expenses and fees will be charged to your account prior to any requested withdrawals.

WITHDRAWALS/PAYMENTS/DISBURSEMENTS:

Funds sheltered in supplemental needs community trusts are intended to supplement the supports and services covered by NY State Medicaid or other asset-dependent government programs. They are intended to enhance the life of the beneficiary and therefore, withdrawals should be requested for direct payment to third parties for items not otherwise covered by government benefits. All withdrawal requests will be reviewed on an individual basis. Approval is at the discretion of the trustees.

Requests must follow the following guidelines:

- Withdrawal forms must be completed in full and signed by Beneficiary or authorized individual
- Must benefit the account Beneficiary
- There must be adequate funds in the account to fund the expense
- Must be accompanied by a bill or invoice in the name of the account Beneficiary
- Invoices must be clear, legible, and indicate that the service is for the Beneficiary
- Must be for a legitimate business
- Must have incurred in the within 90 days of the request submission

****Credit Card Payment Requests** - only the current month's bill is eligible for withdrawal/payment and all charges must benefit the Beneficiary. All itemized receipts must accompany the credit card bill in order to receive full payment, any subscription charges on the bill must be accompanied by proof that the service is indeed for the Beneficiary, and the amount requested cannot be more than the actual bill.

****Reimbursements** to a third party for purchases made on your behalf will still require proof of payment/receipts.

Examples of items eligible for payment:

- Medical or dental expenses not covered by benefits
- Irrevocable, Medicaid eligible funeral arrangements
- Educational expenses
- Transportation or vehicle expenses
- Home modifications not covered by government benefits
- Entertainment, travel, and recreation
- Professional or personal care services
- Rent, maintenance fees, utility bills
- Household appliances or furniture
- Musical instruments or lessons

Examples of items NOT eligible for payment:

- Cash or Reimbursement to beneficiary.
- Reimbursement to spouse for rent
- Gifts or donations (top 3 bullets would count as income and impact income limits).
- Property expenses not owned by the beneficiary.
- Life insurance (because it benefits someone other than the beneficiary)
- Services provided by Medicaid.
- Some medical bills and expenses.
- Overdraft fees and lines of credit
- Any payments after death of Beneficiary

***IF YOU ARE RECEIVING SSI - Payments disbursed for shelter are considered in-kind support and maintenance (ISM). Such payments may reduce SSI payments.*

1. Property expenses such as repairs, maintenance, property taxes and insurance, will require a deed, life estate, or trust document proving the Beneficiary to have at least partial ownership. If the ownership is partial, expenses may be prorated to reflect the proportionate amount.
2. Rent Payments (single family dwellings/apartments/assisted living facilities) will require a current lease listing Beneficiary as tenant. Leases between spouses are not eligible. Rent must not exceed fair market value.
3. Mortgage payment requests will require a residential loan document and payment coupon with the Beneficiary listed as mortgagor.
4. HOA maintenance fee payment requests will require a copy of the HOA governing document with payment coupon in the name of the Beneficiary.
5. All utility bills will require an invoice in the Beneficiary's name, indicating primary residence as service address.
6. Rent and homeowner's insurance request will require a copy of the policy and a current invoice indicating the Beneficiary's primary residence as the insured property.

***If the Beneficiary is living in supportive or supervised housing, payment requests for items normally provided by the agency will require documentation proving the expense exceeds the amount the agency is required to cover.*

*** If the Beneficiary is a minor, withdrawal requests for items a parent or guardian would be required to pay are not eligible.*

AUTHORIZED CONTACTS:

My Choice Trust Services requires at least one authorized contact for every account to be indicated in the Joinder Agreement. The Beneficiary will need to indicate who is authorized to receive and offer communication and information, receive statements, submit withdrawal requests, and who is allowed access to the portal.

These authorized contacts can be edited at anytime by mail, email or through customer service.

In addition, it may be necessary at some time to involve assistance from an intermediary. The cost of such may be charged to the Beneficiary account.

QUARTERLY STATEMENTS:

Detailed quarterly statements will be mailed out to the designated individual(s) on the Enrollment Application (Joinder Agreement).

INVESTING FUNDS:

Beneficiaries of the My Choice Community Trust I benefit from pooling funds for investment and management purposes. The funds within Community Trust I are invested with a balanced objective, where each account holds a proportional share of the investments. Although the investment strategy leans conservative, it remains susceptible to market fluctuations.

TAXABLE INCOME REPORTING:

My Choice Trust Services files Federal forms 1041 and New York State IT-205.

Beneficiaries with disbursed taxable income will receive a form K-1 which must be reported on their personal tax return.

Income that is earned but not distributed through withdrawals during the year will be computed at the Trust tax rate and disclosed on the Trust's tax return. Any taxes accrued within the Trust will be assigned to the relevant beneficiaries and subtracted from their respective accounts.

RESPONSIBILITY IN REPORTING TO GOVERNMENT ENTITIES:

While My Choice Trust Services will provide documentation upon requests, it is the responsibility of the Beneficiary or their representative to report Trust activity as needed to any applicable government agencies.

DEATH OF THE BENEFICIARY:

It is the duty of the authorized representative to notify My Choice Trust Services immediately upon the death of the Beneficiary, and to submit a copy of the death certificate as soon as possible.

Upon the death of the Beneficiary, the account will terminate and any remaining funds will remain with the trust to benefit other individuals with disabilities.

Consistent with Federal Statute, NO withdrawal requests will be honored after the death of the beneficiary, and any payments that may have been paid out after the death of the Beneficiary but prior to the Trustee's knowledge of such, must be returned to My Choice Trust Services.

FUNERAL ARRANGEMENTS:

Irrevocable, Medicaid eligible funeral arrangements can be paid out during the lifetime of the Beneficiary. Monthly payments can be arranged directly with the funeral home. My Choice Trust Services will require a copy of the pre-need contract. Arrangements and payments will be required at least 24 hours prior to the Beneficiary's death.