

Living Donor Reimbursement Program

Income and Benefit Verification Form (page 1 of 2)

Consent and authorization - to be completed by the donor

I, _____, the undersigned, understand that in making application to the PEI Department of Health and Wellness, I am required to provide certain information to PEI Department of Health and Wellness. My signature below authorizes my employer to release the required information to PEI Department of Health and Wellness. I acknowledge that the information that I have provided on this form is accurate and complete to the best of my knowledge, and that I may be required to provide additional information (e.g. Social Insurance Number) for identification verification purposes if necessary.

I understand that the personal information provided in this application will be used only for establishing my eligibility for expense reimbursement from PEI Department of Health and Wellness and for compilation of demographic and statistical information. I further understand that no personally identifiable information will be disclosed in the reporting of any demographic or statistical information.

Date of Birth: _____

Signature: _____

Date: _____

Page 1 of this form needs to be completed by the donor

Page 2 of this form needs to be completed by your employer

When completed, please mail both forms to:

**Provincial OTDT Manager
16 Fitzroy Street
3rd Floor Sullivan Building
Charlottetown, PE
C1A 7N8**

Income and Benefit Verification Form (page 2 of 2)

Employer information - to be completed by the employer

Please complete the information below and return the completed form to: Provincial OTDT Manager 16 Fitzroy Street, 3rd Floor Sullivan, Charlottetown, PE, C1A 7N8.

Employer / Company Name: _____ Tel: _____

Employer / Company Address: _____

City: _____ Prov: _____ Postal Code: _____

This form was completed by: _____ Position: _____

Email: _____ Fax: _____

Employee Information - To be completed by the employer

Employee (claimant) name: _____

How long has the employee/ claimant worked for your company? _____

What is his/her average weekly NET pay (over the past six months)? _____

Benefit Verification - To be completed by the Employer

Is this employee entitled to paid time off while recovering from the living donor surgery? _____

What salary replacement and benefits are available to this employee during their time off work for living donor surgery/recovery?

Paid sick time (if yes, for how long?) _____

Paid leave of absence (if yes, for how long?) _____

Short term disability (if yes, what is the waiting period?) _____

Is short term disability being provided by an insurance company? (if yes, provide name of company) _____

If short term disability is being paid by employer, what will be the weekly payment amount?

Other _____

**Organ and Tissue Donation and Transplantation Program Policy:
Living Donor Reimbursement**

Living Donor Reimbursement Program

Claim Form (page 1 of 3)

The purpose of this policy is to remove financial barriers to living donation by helping to reimburse living donors for some of their out-of-pocket expenses. There are allowances for travel, meals, accommodations, parking, and loss of wages. The policy applies to persons who choose to be a living donor and choose to donate to a resident of Prince Edward Island or to someone in the Living Donor Paired Exchange Registry.

Donors must submit their application for reimbursement no more than 90 days post procedure. Original receipts must be submitted. Receipts will not be returned. Please ensure you make copies for your own personal records. Do not submit receipts that do not clearly explain the expenses (i.e. debit receipts); these receipts will not be eligible for reimbursement. The claim for reimbursement must be approved by the Director, Emergency Health Services.

Personal expenses such as clothing, entertainment, and expenses submitted for meals and accommodations during the donor's hospital admission will not be accepted. Some out-of-pocket expenses incurred by persons accompanying the donor when they go for surgery may be covered but must be discussed with the Provincial Organ and Tissue Donation and Transplantation Manager before the transplant procedure.

Print out this form and write in all relevant information for your claim. Please sign and fill in the date on the last page. When the form is complete, you can mail your signed and dated form with receipts to the address listed on the last page.

Donor's Name: _____

Donor's Health Care Number: _____

Donor's Address: _____

Recipient's Name: _____

Recipient's Health Care Number: _____

Recipient's Address: _____

Date and confirmation of donation: _____

Dates for travel and/or accommodation: _____

Address of Accommodation: _____

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Date Received:	Total Reimbursement:	Approved by:
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**Organ and Tissue Donation and Transplantation Program Policy:
Living Donor Reimbursement**

Claim Form (page 2 of 3)

Travel

Travel expenses can be reimbursed for travel by plane, train, car, taxi, subway and/or bus travel costs. The donor will choose the most economical method of travel.

Original receipts are required for reimbursement.

A rate per kilometer is reimbursed for actual distance travelled based on the current Department of Health and Wellness rate/Km.

Details	Claim	Reimbursement For Office Use Only
Mileage ____ km X DHW rate/km	\$	\$
Airfare	\$	\$
Bus fare	\$	\$
Ferry	\$	\$
Taxi/Shuttle	\$	\$
Other Travel	\$	\$
Total Travel Claim	\$	\$

Accommodations

Donors are required to ensure that the most economical rates available are obtained for accommodation.

Costs for extras such as Internet access and movies are not reimbursed.

Receipts and address of the accommodation are required.

When the donor elects to stay in a private residence, the host will be compensated through a gift card of their choosing for a value equal to \$50 per night stay.

Parking

Receipts are required for reimbursement of parking costs.

Meals

Donors will be reimbursed for meals according to the current Treasury Board Travel Regulations and Policies.

Receipts are not required for reimbursement of meal costs.

**Organ and Tissue Donation and Transplantation Program Policy:
Living Donor Reimbursement**

Claim Form (page 3 of 3)

Date	Accommodations	Parking	Meals
Total Claim:			
Total Reimbursement: (For office use only)			

Loss of Income

Canadian applicants may claim for loss of income if they are employed at the time of surgery/recovery. All other income sources should be accessed prior to requesting assistance (i.e. any persons eligible to receive sick benefits should access this before requesting assistance under this policy). Donors who are unemployed, receiving long-term disability, government assistance or a Canada Pension are not eligible for loss of income assistance.

Employed applicants must apply for Employment Insurance Sickness Benefit and must have their employer complete the income verification form. Applicants who will be receiving Employment Insurance may claim for the 2 week waiting period. We cannot supplement the compensation you receive from your employer or from employment insurance. Employed applicants must submit their most recent income tax information to verify income.

Self-employed applicants and others who do not qualify for Employment Insurance may claim up to 8 weeks loss of income, providing they remain off work for that length of time. Self employed applicants must submit their previous two years' income tax information to verify income. Income lost due to the organ or stem cell donation will be reimbursed using the current Employment Insurance benefit for up to eight weeks. For most people, the basic rate for calculating Employment Insurance (EI) benefits is 55% of their average insurable weekly earnings, up to a maximum amount.

Documentation required to claim assistance for loss of income must include:

- Proof of income
 - Employed: Income and Benefit form, most recent income tax information
 - Self-employed: Previous two years income tax information, Income and Benefit form if applicable
- Physician documentation of time required away from work
- Statement that another source of income is unavailable

Calculation: _____ X _____ X 0.55 = \$ _____
 (number of weeks) (average net weekly pay) Total

Donor's Signature: _____ Date: _____

Please sign and date the form. When completed, please mail the form and original receipts to:

Provincial OTDT Manager, 16 Fitzroy Street, 3rd Floor Sullivan, Charlottetown, PE, C1A 6A5



Payee Registration Form

(see reverse for instructions)

PAYEE #	
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Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, and will be used for the purpose of administering payments to the individuals or suppliers that are identified on this form. This use includes the sharing of this information within the Government of Prince Edward Island and its agencies to update and ensure the accuracy of information for administering payments. Questions on the collection and use of this information can be directed to Payment Processing at (902) 368-4010.

- New Payee** **Update to Payee Information (i.e. address or updated banking)**

Section A: Personal or Business Information

Fill out this section as an individual **OR** for your business. All fields are required.

For Individuals Only

First Name	Full Middle Name(s)	Last Name	Previous Last Name(s)
Date of Birth _____	If you are a Provincial Government Employee:		
(DD/MM/YYYY)	Employee Number	Department	

For Businesses Only

Business Name (Legal name and operating name if different)	HST/GST No.	Contact Person & Position
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For Individuals and Businesses

Current Mailing Address	City	Province or State	Postal Code or Zip Code
Phone Number (including area code)	Email Address (for payment remittance details)	Email Address (for purchase orders if different)	

Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account.


Section B: Payment Information

To receive payments from the Government of Prince Edward Island you **MUST** provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach **one** of the following:

- Void cheque
OR Correspondence from Financial Institution (bank)

Section C: Certification

I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business.

Authorized Signature (Forms returned without a signature will not be processed) Sign Here  X _____	Printed Name (For Businesses Only)	Date
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Section D: Additional Information

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Section E: For Office Use Only

BUSINESS UNIT:	<input type="checkbox"/> FIS	<input type="checkbox"/> MEPS	<input type="checkbox"/> LMDA	<input type="checkbox"/> ISM	<input type="checkbox"/> PSB	<input type="checkbox"/> FLSB
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Payee Registration Form

Instructions

These instructions are provided to assist you in completing the Payee Registration Form which is required for payments from the Government of Prince Edward Island and its agencies using Government's financial accounting system.

For the purpose of this form a payee is the person or business that will be receiving a payment from the Government of Prince Edward Island or its agencies. The information requested on this form is collected and used only to facilitate the processing of these payments.

It is your responsibility to notify the Government of Prince Edward Island or its agencies of any changes to your information by completing a new Payee Registration Form.

Send the completed form to the mailing address, email address or fax number provided below. Failure to fully complete the form will result in delays.

Province of PEI
Office of the Comptroller; Payment Processing
PO Box 2000
Charlottetown, PE C1A 7N8

Telephone: (902) 368-4010
Fax: (902) 368-6661
Email: pymtproc@gov.pe.ca

Please follow the instructions below to ensure that the Payee Registration Form is properly completed.

Section A: Personal or Business Information

For Individuals Only	Please provide your full legal name including your full middle name and all previous last names including married and/or maiden names. Middle and prior last names are used to update the Government's payee records. Date of Birth is required to ensure records are unique and that the wrong person is not paid.
For Businesses Only	Please provide you legal business name and your operating name if different than your legal name. Please include a contact name that we can use if necessary to confirm, verify or obtain additional information. Please provide the 15 digit identifier provided by CRA. If you do not have a business number, please indicate "Not Applicable" in the box.
For Individuals and Businesses	Please provide your complete mailing address, as well as any previous mailing addresses. Previous mailing addresses are used to update existing records and prevent the duplication of a payee's information. All electronic payments are accompanied with a remittance email with details of your payment (i.e. invoice numbers, amounts, dates) sent to the remittance email address provided. If a valid email address is not provided, you will not receive notification of an electronic payment.

Section B: Payment Information

The Government of Prince Edward Island has moved to mandatory electronic payment service. Unless explicitly told otherwise all payees are required to attach either a void cheque or correspondence from their financial institution including their banking information. All payments made by the Government of Prince Edward Island and its agencies will be deposited to the bank account provided. Electronic payments are secure and reliable.

Section C: Certification

This section **must** be **read and signed** by the payee, or for a business, by an authorized delegate. If the Payee Registration Form is returned without a signature it will not be processed.

Section D: Additional Information

This section is used by the Government of Prince Edward Island and its agencies to capture additional information for some programs. A government employee will let you know if you are required to include any information in this section. If you have not received any direction to complete this section it can be left blank.

Section E: For Office Use Only

Please indicate the business unit from which this forms originates.

Living Donor Reimbursement

Application Process

1. Notify Organ and Tissue Donation and Transplant (OTDT) Manager of potential live donor, and approximate amount of request.
2. Within 90 days after surgery:
 - a. Donor completes Claim Form (3 pages) with original receipts and mails to OTDT Manager.
 - b. If applicable, the Donor and their employer complete Income and Benefit Verification Form (2 pages) and mails to OTDT Manager.
 - c. If applicable, the Donor completes the Client Registration for Direct Deposit Payments (1 page).
3. Forms and applicable receipts are reviewed by the OTDT Manager. The Donor is contacted regarding any discrepancies.
4. Receipts are submitted to the Manager of Emergency Health Services for approval.
5. Reimbursement is made to the Donor when approved.

Questions regarding the Live Donor Reimbursement Policy should be directed to the Organ and Tissue Donation and Transplant Manager at (902) 368-5920.



Living Donor Reimbursement Policy Frequently Asked Questions

What is the Living Donor Reimbursement Policy?

This policy helps remove some of the financial barriers for living donors by reimbursing some of their out of pocket expenses. The policy applies to persons who choose to be a living donor to a resident of Prince Edward Island or to someone in the Kidney Paired Donation Program.

What is the Kidney Paired Donation Program?

Kidney paired donation is a program that matches transplant candidates with suitable living donors. It gives people the chance to become a living kidney donor while ensuring that someone they want to help receives a needed kidney, even if they are not a direct match. Canada's Kidney Paired Donation program is run by Canadian Blood Services, working with the living kidney donation and kidney transplant programs across the country.

How much is covered under the policy?

This policy covers reimbursement for out-of-pocket expenses for the donor. There are allowances for travel, accommodations, meals, parking, and loss of wages. Please discuss any requests for reimbursement with the Provincial Organ and Tissue Donation and Transplant Manager by phone at 902-369-5920 or by email at adcarpenter@ihis.org before the transplant procedure.

Donors must apply for reimbursement within 90 days after the transplant in order to be eligible for reimbursement.

What travel expenses are covered?

The donor should use the most efficient and economical rate considering the needs at the time. The policy will cover all required flights for all intended donations, whether or not the donation proceeds and for multiple donation attempts. The policy will cover all ground transportation costs where the client is required by the donation transplant centre to attend. Ground transportation should include personal vehicle costs (mileage); tolls, ground transfers between airport, hotel and hospital; or taxis, buses, and parking. Original receipts are required for all transportation expenses incurred, except for private motor vehicle expenses. If a private motor vehicle is used, the donor will be reimbursed for actual distance travelled, based on the current Department of Health and Wellness (DHW) rate per kilometer.

What expenses are covered for accommodation?

The donor is eligible to claim reimbursement for the cost of lodgings to the extent that the Director, Emergency Health Services considers reasonable. Situations requiring extended hotel stays and the disparity of hotel costs in different cities will be considered. The policy will include accommodation expenses related to assessment appointments away from client's home city, pre-donation medical appointments and testing, post-donation outpatient medical requirements before travelling home and follow-up appointments, where needed. Receipts and address of the accommodation are required. When the donor elects to stay in a private residence, the hosts will be compensated through a gift card mailed to their residence. The host may choose the gift card from a list of businesses. The gift card will be valued at the rate of \$50 per night spent at the private residence. The address of the host will be required.

Adapted with permission from the Nova Scotia Department of Health and Wellness

**Is anything else covered under the policy?**

The donor will be reimbursed for meals according to the current Treasury Board Travel Regulations and Policies. Meals will be reimbursed for the days the client is required to be out of their home city for assessment, donation and follow-up. Receipts for meal costs are not required. Income lost due to the organ or stem cell donation will be reimbursed using the current Employment Insurance benefit for up to eight weeks. For most people, the basic rate for calculating Employment Insurance (EI) benefits is 55% of their average insurable weekly earnings, up to a maximum amount. All other income sources should be accessed prior to requesting assistance. Donors who are unemployed, receiving long-term disability, government assistance or a Canada Pension are not eligible for loss of income assistance.

How do I apply?

The Coordinator responsible for your donation will have the application forms available for you to fill out. They can also be obtained from the Provincial Organ and Tissue Donation and Transplant Manager at 1-902-368-5920.

Who can I contact for more information on the policy?

Please contact the Provincial Organ and Tissue Donation and Transplant Manager at 1-902-368-5920 for more information.