

Explanation about Form P41



The enclosed form P41 is designed to protect the interests of both the Charity (RMBI) and individuals. As a charity the RMBI operates 17 Care Homes with over 1000 places. About 60 % of our residents self fund with the remainder funded by local authorities (social services) and supported by the RMBI. This charitable support is made possible by the generous donations of Freemasons. In some cases it is possible that those who are coming into our Homes have substantial resources, perhaps more resources than those who are donating to the charity. It is entirely appropriate therefore that people who have the means to pay their fees do so. Form P41 is designed to enable us to ensure that those people who need charitable assistance receive it, and to ensure that those who can afford to pay for their care do so and do not dispose of their capital/income inappropriately, in accordance with the Statutory Provisions published by the Department of Health.

We recognise that at some stage people may have exhausted their funds in paying for their care and will require a subsidy in the future. Form P41 enables us to plan for this eventuality. Once a self funding resident enters an RMBI Home, provided he or she has paid their fees in good faith, that person is entitled to stay in the Home of their choice provided we can legally meet their assessed care needs* for as long as care is needed. In such cases where personal funds are exhausted care fees will be subsidised by the RMBI for as long as is required, with the level of care needed being given.

It is a requirement that P41 Form is completed prior to a resident's admission to an RMBI Home.

When signing the form please check all the options provided as we recognise that the financial position could be different for each applicant.

If you need any more information or help when completing this form please contact the Home Manager who will be able to assist you.

*** There are some rare occasions where people need a level or type of care not provided at certain Homes. In such cases alternative accommodation would be sourced for you.**

Form P41

TO BE SIGNED BY OR ON BEHALF OF AN APPLICANT FOR
ADMISSION TO A RMBI HOME

**ROYAL MASONIC BENEVOLENT INSTITUTION
60 Great Queen Street, London WC2B 5AZ**

Full Name of Applicant _____

Current Address (prior to admission) _____

_____ Post Code _____

I agree to pay the fees to the RMBI. I accept that the fees will be reviewed:

- a) Annually and
- b) When there is a change in care needs

and may not remain at the same level.

The information given on the application forms – Part 1 and Part 2 is correct. I agree to inform the RMBI of any change in my financial position and to give a true and accurate financial report once a year on request.

I understand and accept that should I not pay the fees due I may be asked by the Home Management to find alternative accommodation. I agree to accept full responsibility for this.

I confirm that:

Please select only one of the following options that applies to you and cross out the others:

1.

My financial position enables me to pay the full fees to the RMBI for some length of time.

I will liaise with the Home Manager in the event that my capital reaches the upper level of the statutory threshold.

Signed by: _____ Date: _____

If not signed by the Resident, please state relationship to the Resident

2.

I own a freehold/leasehold property at:

_____ Post Code: _____

At present I do not wish to sell my property as my financial position enables me to pay the full fees to the RMBI for some length of time.

I agree to sell my property if my financial position changes and I am unable to continue the payment of full fees to the RMBI. I will provide the RMBI with a copy of the Completion Statement upon the sale of the property.

Signed by: _____ Date: _____

If not signed by the Resident, please state relationship to the Resident

3.

I own a freehold/leasehold property at:

_____ Post Code: _____

The Property is occupied at present by :

Please state relationship and age of occupier to you:

Relationship _____ Age _____

I agree to inform the RMBI of any changes in regard to the Property.

Signed by: _____ Date: _____

If not signed by the Resident, please state relationship to the Resident

4.

I do not own any freehold/leasehold property and my liquid capital is below the upper level of the current statutory threshold.

My care is being funded by the Local Authority.

Signed by: _____ Date: _____

If not signed by the Resident, please state relationship to the Resident

5.

For those residents who receive NHS continuing care funding.

My care is being paid fully or partly by the NHS.

Should the NHS at any stage withdraw funding, I agree and accept responsibility for the payment of fees, subject to my financial circumstances.

Signed by: _____ Date: _____

If not signed by the Resident, please state relationship to the Resident

6.

I own a freehold/leasehold property at

_____ Post Code: _____

The Property is unoccupied at present and is subject to an outstanding mortgage to

_____ of £_____

I agree to sell the Property as soon as possible upon admittance unless the RMBI agrees otherwise. If the fees I am asked to pay are less than the normal fee because my capital is tied up in the Property I agree to pay any shortfall from the full RMBI fees to the RMBI after the sale of the property backdated to the date of my admission to the Home regardless if my care is paid by Local Authority (12 weeks property disregard) or by weekly temporary amount.

I agree to provide the RMBI with a copy of the Completion Statement upon the sale of the property.

I am aware that if my property is not sold within six months of my admission to the Home, the RMBI reserves the right to charge interest on any outstanding fees after the six month period at base rate plus 4% pa. If the twelve week property disregard option was in place the above rule regarding interest charges on any outstanding fees does not apply until after this period.

Signed by: _____ Date: _____

If not signed by the Resident, please state relationship to the Resident

Signed by:

Resident / Power of Attorney * / Third Party

Or (please state relationship) _____

Name _____

Address _____

Signature _____

Date _____

Witnessed by _____

Signature _____

Address _____

Date _____

* Please provide a copy of the POA authorisation