

In order to qualify for funds from the Emergency Relief Fund, these criteria must be met:

1. The recipient must be an active PSE member in good standing.
2. The recipient may receive assistance only for themselves or their dependent family member
3. Funds are only available for:
 - Disaster relief, such as a flood, fire or earthquake. Insurance deductibles are not paid by ERF funds.
 - Expenses after insurance deductibles are met.
 - The member is at risk of losing medical coverage because the insurance premium is not paid.
 - Catastrophic illness or a health condition which bars the member from working for a period of time not covered by sick or vacation leave.
 - Assistance may be granted for significant out-of-pocket medical expenses.
 - Funeral expenses, i.e. burial. However, travel, gas or lodging to attend a funeral are not covered.
 - Extenuating circumstances will be considered on an individual basis by the chair.
4. The maximum annual amount an applicant may receive is \$500.
5. An applicant may only receive assistance once in a 12-month period.
6. L&I claims are not eligible.



EMERGENCY RELIEF APPLICATION

Name of member needing assistance _____
(PSE Member or Family member must fill out)

Phone number _____ Home email: _____

Chapter Name _____

This is a request due to:

DISASTER RELIEF:

HOME:

Do you rent? _____ Do you have renters insurance? _____

Own or buying your home? _____ Have home owners insurance? _____

Flood Insurance: _____ Do you have other insurance? _____

If so what kind? _____

Expenses after deductible are met: \$ _____

CATESTOPHIC ILLNESS OR HEALTH CONDITION:

Health:

Are you out of all sick/vacation/personal leave? _____ if yes, have you applied for leave sharing? _____ Did you receive it and if so, when does it end? _____

Medical Insurance Premiums: Are you at risk of losing your medical insurance? _____

If yes, premium amount? _____

Expenses after deductible is met: \$ _____

FUNERAL EXPENSES:

Expenses after any death benefits: \$ _____

Additional Pertinent Information:

Name _____

Address _____

City/State/Zip _____

Email completed form to emergencyrelief@pseofwa.org

Chair Approved: Date: _____ Amount: _____

Denied: Date: _____

Chair Signature: _____