

## EMERGENCY RELIEF FUND CRITERIA

**In order to qualify for funds from the ERF, 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, not receiving additional funds.
3. Funds are only available for these circumstances:
  - Disaster relief, such as flood, fire, or earthquake. To receive funds for property damage, the damage must be such that living conditions are disrupted, such as moving out of home. **Insurance deductibles are not paid by ERF funds.**
  - Catastrophic illness or a health condition which bars the member from working for a period of time that is not covered by sick or vacation leave.
  - The member is at risk of losing medical coverage because the insurance premium is not paid.
  - Funeral expenses, i.e.: burial. However, does not cover travel, gas or lodging to attend a funeral.
4. The maximum annual amount an applicant may receive is \$500.00.
5. An applicant may only receive assistance once in a 12-month period.
6. L & I claims are not eligible.

**If the above criteria are met, the member may apply for funds in the following manner:**

1. Complete the ERF application for (M5) below.
2. After member completes, give the form to a one of your chapter executive board (President, vice president, secretary or treasurer).
3. Executive board member will verify circumstances, sign the application, and email it to the address on the application.
4. Staff will verify that the applicant is a member in good standing and submit to the committee chair, who will call the chapter office that signed, to verify the circumstances.
5. The committee chair will determine the appropriate amount to fund, and approve/deny the application, and will then send to the committee staff liaison for processing.

Approved applications will be process and the check with a letter will be mailed to the recipient, as well as a copy of the letter will be emailed to the approving chapter officer, zone director, field representative and committee chair.

Denied applicants will receive a letter acknowledging the receipt of the application and the reason for denial, and a copy of the letter will be emailed to the signing chapter officer, zone director field representative and committee chair.



# EMERGENCY RELIEF APPLICATION

Name of member needing assistance \_\_\_\_\_

Phone number \_\_\_\_\_ Home email: \_\_\_\_\_

Chapter Name \_\_\_\_\_

\*\*\*\*\*

This is a request due to **Disaster Relief Catastrophic Illness Medical Insurance Premium  
Funeral Expenses Other**

Amount requested: \$ \_\_\_\_\_ **Note: Requests for rent, living expenses and medical bills are ineligible.**

Funds will be used to pay for: \_\_\_\_\_

Briefly describe the reason for the request. If the request is for time off work, include the period of time off work that is not covered by sick leave or vacation. Is the member at risk of losing medical coverage because his/her premium is not paid? If the request is for another family member indicate how it impacts the member's finances. Describe the amount of damage from fire, earthquake or flood and how it impacts living conditions. Include anything you think would help the committee chair make a decision.

Are you out of vacation leave? \_\_\_\_\_

Are you out of sick leave? \_\_\_\_\_

Are you at risk of losing your medical insurance? \_\_\_\_\_

Does your employer have leave sharing? \_\_\_\_\_

Have you applied for leave sharing? \_\_\_\_\_

**Chapter Officer approving request:**

**Mail check to:**

Printed Name \_\_\_\_\_

Name \_\_\_\_\_

PSE office held \_\_\_\_\_

Address \_\_\_\_\_

Signed \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Email completed form to [emergencyrelief@pseofwa.org](mailto:emergencyrelief@pseofwa.org)