

Emergency Relief Fund Criteria

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 herself/himself or her/his dependent family member.
3. Funds are only available for these circumstances:
 - Disaster relief, such as a flood, fire or earthquake. To receive funds for property damage, the damage must be such that living conditions are disrupted. **Insurance deductibles do not apply.**
 - Catastrophic illness or a health condition which bars the individual from working for a period of time that not covered by sick or vacation leave.
 - The member is at risk of losing medical coverage because the insurance premium is not paid.
 - Assistance may be granted for significant out-of-pocket medical expenses.
 - Funeral expenses. However, does not cover travel, gas or lodging to attend a funeral.
 - Extenuating circumstances will be considered on an individual basis.
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. Individuals with L&I claims are not eligible.

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

- ✓ Complete the Emergency Relief Application Form below. Give the form to a member of your chapter executive board (president, vice president, secretary or treasurer) for verification of circumstances and processing.
- ✓ The chapter officer shall sign the form and email the Application to the address on the Application.



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? _____ Does your employer have leave sharing? _____
Are you out of sick leave? _____ Have you applied for leave sharing? _____
Are you at risk of losing your medical insurance? _____

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: _____

