



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: _____