



## EMPLOYEE EMERGENCY FUND ASSISTANCE REQUEST FORM

St. Margaret Foundation is dedicated to helping you in your time of crisis. We know this is difficult for you and wish to make this as seamless as possible. We understand that everyone has challenges at different times in their lives. Our goal is to serve you with dignity and respect.

### PURPOSE

St. Margaret Foundation provides an Employee Emergency Fund for UPMC St. Margaret hospital, family health center employees, employees of other UPMC entities located on St. Margaret campus, and any staff affiliated with physicians on staff at UPMC St. Margaret. The Employee Emergency Fund is maintained through the support of St. Margaret Foundation and other donations. The Foundation Board of Directors is dedicated to helping employees in their time of true crisis due to occurrences in the qualified areas listed below.

### EMPLOYEE ELIGIBILITY

- 1) Any full-time or part-time employee of UPMC St. Margaret or any UPMC St. Margaret full time staff physician
- 2) Any UPMC Employee who works full time on the UPMC St. Margaret campus
- 3) A student in the UPMC St. Margaret Nursing School
- 4) \*Casual employees and volunteers will be evaluated on an individual basis
  - The maximum assistance an eligible staff member may receive is \$1,000 or 5% of their annual pay, whichever amount is less.
  - During any two-year period, an eligible staff member may not receive in the aggregate an amount that exceeds the maximum assistance.

### EMERGENCIES COVERED

This fund is designed to support our valued staff in times of unexpected financial hardship. To be eligible to receive assistance through the St. Margaret Employee Emergency Fund there must be a onetime unavoidable event such as:

- ✓ A natural disaster, fire or acute medical illness
- ✓ Shut off notice from a utility company
- ✓ A mortgage foreclosure or rent eviction notice
- ✓ Utility, rent or mortgage notice of two months back
- ✓ Employees who have suffered the death of a spouse, child, or parent
- ✓ Acute medical illness affecting earnings or police documented emergency
- ✓ Decisions will be made on a case by case basis.

### PROCESS

1. **Complete this form in its entirety**
2. **Attach the appropriate documentation on the emergency and the bills that you are asking to be paid from the Employee Emergency Fund to this document.** (Checks are not written to individuals – only to providers.)
3. **Submit it to Human Resources at UPMC St. Margaret**  
(Office located on the 1st Floor of the hospital)
4. *Once HR has confirmed your eligibility, the form will be sent to the Foundation for approval. You will be notified by Human Resources with approval or denial.*
5. **If approved, Human Resources will coordinate a required Employee Assistance Counseling Session with LifeSolutions.**
6. **Upon completion of the counseling session, the Foundation will pay accompanying bills as soon as possible.**

*The Foundation Board wants to ensure that there is financial assistance for employees in their time of true crises. Unexpected home repair issues, debt not specified below, credit card debt, routine medical bills, or other financial management issues do not qualify.*

## ST. MARGARET FOUNDATION EMPLOYEE EMERGENCY FUND APPLICATION

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Application Date: \_\_\_\_\_

815 Freeport Road • Pittsburgh, PA 15215 • 412-784-4205 • Fax: 412-784-4062 • [www.stmargaretfoundation.org](http://www.stmargaretfoundation.org)

TAKE YOUR COMPLETED FORM TO UPMC ST. MARGARET HUMAN RESOURCES

Hire Date: \_\_\_\_\_ Department or Employer/Doctor's Office: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Full-time UPMC St. Margaret Employee
- UPMC Employee who works full time on the UPMC St. Margaret campus
- Part-Time UPMC St. Margaret Employee
- UPMC St. Margaret School of Nursing Student
- Casual UPMC St. Margaret Employee

**Please check which of these approved areas your financial emergency qualifies and for which you have documentation:**

- Natural disaster or House Fire
  - Police Report, Insurance Adjuster Report or Repair Report Citing Cause must be attached
- Acute medical illness that affects earning capacity of employee, spouse or domestic partner resulting in loss of wages
  - Includes medical expenses, housing utilities, rent, or mortgage payments.
  - Employees on FMLA qualify
- Utility shut off notice or two months past due
- Mortgage foreclosure notice OR at least two months behind on mortgage of primary residence
- Rent eviction notice OR notification of at least two months or more due on rent
- Funeral cost for spouse, child or parent
- Travel cost to funeral for spouse, child or parent
- Police documented emergency
  - Includes medical expenses, housing and household utilities, other expenses.

**Specific Reason for Request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I have not received assistance from the Foundation within the past two years or have received assistance from the Foundation within the past two years, but the amount was less than \$1,000.
- I have attached all documentation (**If any housing or utility bill the Foundation is paying has a balance greater than the amount the Foundation is providing, the Foundation requires proof that the balance has been paid before support is advanced to ensure utilities are not shut off or foreclosure doesn't occur despite this gift from the Foundation**)

**Amount Requested:** \_\_\_\_\_

**Should a grant be made, to what creditor would we mail the check:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

\_\_\_\_\_  
**Employee's Signature**                      **Date**

\_\_\_\_\_  
**Human Resources**                      **Date**                      **Foundation President**                      **Date**

Foundation President Approval	Amount Approved	Date Funds Released
<input type="radio"/> Yes	\$	
<input type="radio"/> No		