

## 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. The Foundation is unable to provide certified checks.

# ST. MARGARET FOUNDATION EMPLOYEE EMERGENCY FUND APPLICATION

Employee Name:	Emp	loyee ID:	Applicatio	on Date:
 Hire Date: Department or Employer/Doctor's Office: Phone Number: Email:				
Address:			Sta	ate:Zip:
<ul> <li>Full-time UPMC St. Margaret Employ</li> <li>UPMC Employee who works full time the UPMC St. Margaret campus</li> <li>Please check which of these approve</li> </ul>	eon OU OCa	PMC St. Margare asual UPMC St. N	t. Margaret Employee t School of Nursing Stud 1argaret Employee <b>ualifies and for which</b>	
documentation:	ed aleas your maner	ai emergency q		you have
<ul> <li>Natural disaster or House Fire         <ul> <li>Police Report, Insurance Adjuste</li> <li>Acute medical illness that <u>affects earr</u></li> <li>Includes medical expenses, hous</li> <li>Employees on FMLA qualify</li> <li>Utility shut off notice or two months</li> <li>Mortgage foreclosure notice OR at lea</li> <li>Rent eviction notice OR notification of</li> <li>Funeral cost for spouse, child or parer</li> <li>Travel cost to funeral for spouse, child</li> <li>Police documented emergency                 <ul> <li>Includes medical expenses, hous</li> </ul> </li> </ul> </li> </ul>	ning capacity of employ ing utilities, rent, or mo past due ast two months behind of at least two months o nt d or parent ing and household utili	ee, spouse or do ortgage payments on mortgage of or more due on re ties, other expen	<u>mestic partner resulting</u> primary residence ent ses.	
<ul> <li>I have not received assistance from th Foundation within the past two years</li> <li>I have attached all documentation (If a amount the Foundation is providing, the foundation is provided)</li> </ul>	, but the amount was le any housing or utility l	ess than \$1,000. <b>Dill the Foundati</b>	on is paying has a balar	nce greater than the
advanced to ensure utilities are not shi		-	•	••
Amount Requested:				,
Should a grant be made, to what credito Name: Address:	r would we mail the ch	eck:		
Employee's Signature	Date			
Human Resources	Date	Foundation President Dat		Date
Foundation President Approval Yes No	Amount Approve \$	d Dat	e Funds Released	]

815 Freeport Road • Pittsburgh, PA 15215 • 412-784-4205 • Fax: 412-784-4062 • www.stmargaretfoundation.org TAKE YOUR COMPLETED FORM TO UPMC ST. MARGARET HUMAN RESOURCES