

ASC Family Fund, Inc. Application for Disbursement

Home Uni	t Ye	Year of Hire	
Have you	applied to the Family Fund previously?	☐ Yes ☐ No	
Financial	need caused by:		
	Family Emergency (Family court issues, unex		
U	Medical Emergency, Situation, or Condi disability, hospitalization, surgery, smoking cessatio equipment, prosthetic devices, dental prosthetics, h not covered by health insurance, etc.). Assistance excluded unless such deductibles cause documenta	on, substance abuse, durable medical earing aids, other medical expenses for routine deductibles may be	
	disability, hospitalization, surgery, smoking cessatic equipment, prosthetic devices, dental prosthetics, h not covered by health insurance, etc.). Assistance	on, substance abuse, durable medical learing aids, other medical expenses for routine deductibles may be able undue financial hardship.	
	disability, hospitalization, surgery, smoking cessation equipment, prosthetic devices, dental prosthetics, h not covered by health insurance, etc.). Assistance excluded unless such deductibles cause document	on, substance abuse, durable medical earing aids, other medical expenses for routine deductibles may be able undue financial hardship. , separation, divorce)	

Please describe emergency and/or event causing financial need. If medically related, please do not disclose confidential patient information:

Please include any other sources of funding for this emergency. (i.e. Department of Social Services, Family, Friends, Insurance, Legal Action, Charities, United Way)

Amount Requested: \$

Attach additional information if needed.

Employee Signature

Date

If application is approved, the amount of the disbursement will be based upon need and availability of funds. All disbursements will be subject to Family Fund guidelines, policies, procedures, and restrictions.

Application guidelines

Funds will be disbursed by means of an application process. An application must be completed and filed by the ASC employee or completed by the employee's manager and signed by the employee. Each application must include sufficient documentation to support the request for assistance.

Applications will be denied for lack of sufficient documentation. Applications will be reconsidered if submitted with additional supporting documentation.

No more than one application per situation, condition, or event.

Applications that indicate exhaustion of other sources of assistance will be given more consideration.

Employees may not reapply within 12 months of an approved application, except for one-time assistance for basic life needs which will be limited to once in a lifetime.

Eligibility for financial assistance

Must be an employee of Auxiliary Services Corporation or a retiree who has made a contribution to the family fund in the 12-months proceeding their retirement

Need is directly attributed to or caused by an emergency, which shall be defined as a serious situation or occurrence that happens unexpectedly and demands immediate action.

Need may also be determined by undue financial hardship, which shall be defined as circumstances peculiar to the employee's situation, not deliberately caused by the employee, which are of such magnitude or severity that it is unlikely that the employee has sufficient financial resources to deal with the situation, condition, or event.

Assistance for routine insurance deductible and insurance cost sharing will be excluded, unless such deductibles cause documentable undue financial hardship.

Disbursements will not be made for:

- bonding someone for a criminal arrest
- medical expenses due to injury sustained during the commission of a crime
- cosmetic medical expenses except for reconstruction due to illness or injury
- lawsuits, garnishment, or judgments against an employee
- child support or alimony payments

The Fund may make the payment to the employee or to an institution on behalf of the employee at the fund's discretion.