

MEMBER RELIEF FUND APPLICATION

Members Name _____

Address _____

Home Phone _____ Email _____

Disability Date _____ to _____

Hardship

Due to natural disasters shall receive a one (1) time payout up to \$250.00
Multiple members who live together in the same residence that is lost due to hardship (fire, flood, natural disasters, etc) shall each receive one time payout of up to \$250.00.

Reason for Request _____

Uncovered medical expenses with a rolling calendar year for over \$2500.00

- Self
- Spouse
- Dependent

Documentation Needed

Need statements from insurance company showing amounts owed.

\$500.00 cap or 10% of balance due.

Union will cut checks directly to parties owed.

Guidelines for Members Relief Fund will cover member and immediate family: member, spouse, children.

- Significant Other - to be taken into account: must be residing in same house.
- Any child that the member has responsibility over. Excluding parents/in-laws/maternity
- Workers Compensation Cases (controverted claims with documentation may be given exception status)
 - Disability cases - minimum of 14 calendar days. 14 calendar days out, \$50. for each 14 calendar day period; an additional \$50. Shall be allotted up to a maximum of \$250. Including the initial \$50. payoff.
 - \$500. cap per incident, up to \$250. disability, up to \$250. hardship
 - No more than 2 incidents within a rolling calendar year.
 - Members may make requests for additional help at monthly membership meetings.

Signature _____

Date _____

PLEASE MAIL ALL APPLICATIONS TO:

CWA 14164
9 RIVER ST.
SIDNEY, NEW YORK 13838
ATTN: MEMBERS RELIEF COMMITTEE