

## MEMBER RELIEF FUND APPLICATION

Members Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

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. pay off.
- ◆ \$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**