

COVID-19 EMERGENCY HARDSHIP FUND & COMMITTEE REQUEST FORM

This is a one-time Emergency assistance for hardship for COVID-19 related issues. An award to a member as a result of this application will not disqualify you from any future General Hardship Request

(Turn in to Gwen Maynard)

Member's Name: _____ SSN4: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Company: _____ Store#: _____ Email _____

Classification: _____ FT PT Years in Union: _____

Receiving Disability? Yes, No Pending Exhausted

Receiving Sick Pay? Yes No Exhausted

Vacation/Emergency/Replacement Pay? Yes No

Payable To: _____ Amount Requested: _____

Read Name at Meetings Yes No Pick up check on Friday Mail check to above address

Reason for Need: _____ Hand deliver check by Agent

- Loss of income due to COVID-19 diagnosis (insert dates out of work and provide copy of doctor diagnosis) Starting: _____ and Ending _____

- Loss of income due to healthcare provider recommended isolation (insert dates out of work and provide copy of Healthcare provider diagnosis) Starting: _____ and Ending _____

- Loss of income due to Employer required isolation (insert dates out of work) Starting: _____ and Ending _____

- Loss of income associated with caring for a family member diagnosed with COVID-19 diagnosis (insert dates out of work and provide copy of doctor diagnosis) Starting: _____ and Ending _____

- Self-isolation due to specific circumstances associated with COVID-19 (explain circumstances surrounding your isolation and provide dates of work missed) Starting: _____ and Ending: _____

- Additional childcare expenses as related to COVID-19 (please explain and provide copies of any receipts before and during pandemic showing the increased costs incurred)

- Medical costs associated with COVID-19 (please provide copies of receipts)

The amounts of this one-time Special Emergency Hardship, which are limited to a maximum of \$200, shall be determined by the sole discretion of the Hardship Committee of UFCW Local 7's Executive Board.

Committee's Decision: Accept _____ Deny Hold Date: _____

Reconsideration Decision: Accept _____ Deny Date: _____

Further info required by Hardship Committee: _____

DO NOT WRITE IN THIS SPACE – LOCAL 7 OFFICE USE ONLY

Check Date: _____

Check Number: _____

Check Amount: _____

Processed: _____