To be used by ERF Committee Only

Request Code_____

WI Application for Financial Assistance
Employee Relief Fund Request

The purpose of the Employee Relief Fund is to provide financial assistance to employees who have experienced a financial hardship or crisis.

- A financial hardship is defined as an extreme situation causing economic difficulty that cannot be controlled or predicted and brought on by events such as:
  - Serious illness or injury to employee or immediate family member
  - Loss of primary residence due to a fire or natural disaster
  - Death of an immediate family member
  - Victim of a crime
  - New/extraordinary expenses due to COVID-19 pandemic
- An approved individual gift cannot exceed $2000
- Two (2) gifts are permitted in the 2021 calendar year
- Outside of 2021, which is an exception due to COVID-19, 3 maximum awards in a lifetime

Employee Name: _____ Current Position: _____

Employee Number: _____ Employee Phone: _____

Employee Ministry/Site: _____ Employee Email: _____

Indicate/describe type of emergency/hardship *(attach additional notes and/or documentation if applicable)***:**

If you are waiting for unemployment benefits, have you requested to borrow from your 403(b)? *Note: these funds can be accessed within days and repaid as soon as unemployment funds arrive. Contact your HR representative for info.*

☐ Yes
☐ No
☐ N/A – I do not contribute to a 403(b)

Has employee met with and EAP representative for financial counseling and assistance? *Note: certificate of participation from EAP is required prior to approval of application.*

☐ Yes (proof of participation attached)
☐ Yes (meeting scheduled for ___/___/___)
☐ No

Employee Assistance Program (EAP): 800-356-0845

Revised March 2021

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Type of Assistance Requested

Please attach supporting documentation for the type of assistance requested, such as rent, utility bill or other unpaid invoices. Account number, address of residence and remittance address should all be legible.

TYPE	AMOUNT
	$
	$
	$
TOTAL: ***not to exceed $2,000***	**$**

- **Payments are made directly to vendors. The ERF does not reimburse employees**.
- ERF assistance is only available for current expenses incurred as the result of the hardship event.
- ERF assistance does not pay medical bills.
- A completed W-9 and Organization Ownership Certification is also required for any payee that is not an existing SSM vendor.

Employee Signature _____

Date _____

**Please complete the Payee Information & Release Form, attached.*

Please send completed application, Payee Information Form and copies of bills to your local Human Resources or Pastoral Care department. They can also assist with questions and help you to complete the application. If you don't know your local Human Resources or Pastoral Care contact, applications or questions can also be emailed directly to ERFCommittee@ssmhealth.com. **Please note that a committee reviews all requests without name or address information. The committee will review applications within 7 days of receipt.**

To be completed by Human Resources and/or Pastoral Care:

HR/Pastoral Care contact: _____Direct phone/cell: _____

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Request Code_____

WI Employee Relief Fund Request

Payee Information & Release Form

Employee Name: _____

Description of assistance (e.g. rent, electric, etc.):

_____

Check Payable to (vendor name e.g. WE Energies, Jones Rental Management):

_____

Vendor mailing address: _____

Vendor phone: (_____) _____

Vendor e-mail (if available): _____

Account/Customer #: _____
(Please attach payment stub/invoice)

If approved, financial assistance will be sent directly to the vendor/business entity (utility, rental company, etc.). Representatives from the Employee Relief Fund Committee will contact the vendor (e.g. utility company, rental company, etc.) and notify them of forthcoming payment.

Notes:

To be completed by SSM Health WI Region Employee Relief Fund Committee:

☐ Approved by SSM Health WI Region Employee Relief Fund Committee on

Date: _____ Approved amount: $_____

☐ Denied by SSM Health WI Region Employee Relief Fund Committee on

Date: _____

Revised March 2021