



## **UMRC Employee Emergency Aid Plan**

**The UMRC Employee Emergency Aid program supported by the UMRC Foundation is designed to provide employees with limited assistance in times of emergency causing temporary financial hardship.**

- Medical emergency - Serious illness or injury - expenses not covered by insurance or other means.
- Non-insurance prescription or other health care related expenses (if employee has no medical insurance, employee must review annual enrollment opportunity for medical/dental insurance with HR)
- Death of a family member causing temporary financial hardship
- Military deployment causing temporary financial hardship
- Victim of violent crime causing temporary financial hardship
- Personal needs due to a disaster (fire, tornado, flood, etc.) causing temporary financial hardship
- Other verifiable unforeseen circumstances that could not be avoided through planning

**Expenses that could have been planned for or are a recurring living expense DO NOT constitute an emergency.**

**Emergency Aid will not exceed \$1,000 during the lifetime of a UMRC employee.**

(Qualified incidents **do not** include: loss of household income due to cut back in hours/overtime, unemployment, divorce, eviction/home foreclosure, disconnection notices, past due utilities, accumulated financial distress, or incidents that occurred 120 days prior to the application date.)

### **To be eligible:**

1. An employee must be currently employed and have worked for UMRC for at least 12 months as a part-time, full-time or contractual/per diem employee (minimum 16 hours weekly.)
2. The reported incident must have occurred within 120 days of the application date

### **How to submit an application:**

1. Applications are available from Human Resources Department (HR) or the UMRC Foundation offices. All requests for aid will be confidential (disclosed only to the committee).

2. All requests for **Employee Emergency Aid** must be documented using this Employee Emergency Aid Request Form which must be signed by the Employee seeking aid.
3. All request forms submitted must include documentation such as a receipt, a billing statement, an estimate, notice of a claim, etc. **Completed Request forms and supporting documentation must be submitted to a member of the Foundation staff in a sealed envelope or dropped in the UMRC Foundation's locked mailbox located on Glazier 1. (Contents are removed every weekday).**
4. Funding Determination-First Round: The Foundation Executive Director will review requests to determine whether or not it meets the eligibility requirements.

Funding Determination-Second Round: If request meets first round approval, the application, with identifying information removed to protect anonymity, will be forwarded to the UMRC Foundation Employee Emergency Aid Committee comprised of the UMRC Foundation Executive Director, one senior UMRC staff member and a representative of Human Resources for their review. This committee will make a determination of approval or denial within three (3) business days and the employee will be promptly notified of the result via a written response.

5. If Employee Emergency Aid is approved, the UMRC Foundation Executive Director will formally request payment from the Foundation to meet the needs required in a timely manner. The UMRC Foundation will make every effort to make payment directly to the source (e.g., health care provider) instead of directly to the employee.
6. The amount of Emergency Aid allowed may total **no more than \$1,000** for the lifetime of the employee/requester.
7. If you have questions about the application, please contact the Foundation office for assistance at 734-433-1000 ext. 7319.

**The value of the Emergency Aid Fund will be approved by the UMRC Foundation Board annually and may vary from year to year based on financial conditions. Funds will be divided 50% to be distributed over the first two quarters and 50% over the last two quarters of the year. Any funds remaining at the end of the year will be rolled over into the next year and will be added to the amount approved by the UMRC Foundation Board of Directors. When the funds for the cycle are depleted, this service will cease until the next funding cycle.**

## **UMRC Employee Emergency Aid Application**

Complete entire application and provide as much detail regarding your circumstance as possible.

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- Medical emergency - Serious illness or injury- expenses not covered by insurance or other means.
- Non-insurance prescription or other health care related expenses (if employee has no medical insurance, employee must review annual enrollment opportunity for medical/dental insurance with HR)
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- Victim of violent crime causing temporary financial hardship
- Personal needs due to a disaster (fire, tornado, flood, etc.) causing temporary financial hardship
- Other verifiable unforeseen circumstances that could not be avoided through planning.

**Expenses that could have been planned for or are a recurring living expense DO NOT constitute an emergency.**

**Emergency Aid will not exceed \$1,000 during the lifetime of a UMRC employee (one-time payment).**

**The value of the Emergency Aid Fund will be approved by the UMRC Foundation Board annually and may vary based on financial market conditions and need. Funds will be divided evenly over the first two quarters and last two quarters of the year. Any funds remaining at the end of the year will be rolled over into the next year and will be added to the amount approved by the UMRC Foundation Board of Directors. When the funds for the cycle are depleted, this service will cease until the next funding cycle.**

**To be eligible:**

1. An employee must be currently employed and have worked for UMRC for the 12 months prior to the emergency as a part-time (16 hours), full-time or contractual/per diem employee (minimum 20 hours weekly).

2. Incomplete requests will not be processed. Supporting documentation and signatures are required and must be submitted with the application (examples of documentation include: Insurance policy/fire report, invoice of funeral expenses, doctor's note and other related documentation). Documentation must be on letterhead or statement of owned party.

3. If you have questions about the application, please contact the Foundation office for assistance at 734-433-1000 ext. 7319.

**UMRC Foundation Emergency Aid Fund for UMRC Employees**

Date of Application: \_\_\_\_\_ Employee

Name: \_\_\_\_\_

Employee Home Address: \_\_\_\_\_ City:

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Employee Email where you can be reached:

\_\_\_\_\_

UMRC Department and work

location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years and Months of Employment at UMRC: \_\_\_\_\_

Have you applied for financial assistance from this fund in the past? Yes No

If yes, when? \_\_\_/\_\_\_/\_\_\_ What was the outcome? \_\_\_\_\_

Exact amount of this request: \$ \_\_\_\_\_

Please describe your emergency and circumstances in detail.

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\_\_\_\_\_  
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\_\_\_\_\_

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Date the emergency occurred (must be within 120 days of submitted application):

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How many people live in your household including yourself?

\_\_\_\_\_ Adult(s)                      \_\_\_\_\_ Children (dependents) Please provide age of each child

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This fund is a *last resort*. Please list all other efforts you have put forth to alleviate your financial hardship:

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**Completed Emergency forms submitted must include documentation such as a receipt, a billing statement, an estimate, notice of a claim, etc.**

**Completed Request forms and supporting documentation must be submitted to a member of the Foundation staff in a sealed envelope or dropped in the UMRC Foundation's locked mailbox located on Glazier 1. (Contents are removed every weekday).**

**Declarations and Agreement**

No employee is entitled to receive a grant. Grants will not be made before an employee has demonstrated an immediate need. This application will be treated in a confidential manner by the UMRC Foundation; however, non-identifying information will be reported to the Employee Emergency Aid Committee for their participation in the decision process.

Employees are expected to provide truthful and accurate information. In its due diligence, if the Foundation discovers any information to be untrue, it shall have the right to unilaterally waive its confidentiality and report its findings to the Human Resources Department for appropriate disciplinary action.

Should a grant be approved, the UMRC Foundation will make every effort to make payment directly to the outside vendor or service provider (e.g., health care provider).

Your signature below verifies that the information provided is true and complete and authorizes the UMRC Foundation to obtain and/or verify all information necessary to process this application. In addition, you agree to provide the requested documentation supporting the information provided.

Applicant's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**PLEASE PUT COMPLETED APPLICATION PAGES 3, 4, 5, and 6 IN A SEALED ENVELOPE AND SUBMIT TO THE UMRC FOUNDATION.**