



## **WELLSPAN HEALTH FAMILY RELIEF FUND**

*Please review the below guidelines prior to completing the Family Relief Application.  
Questions can be addressed by calling the HR Service Center at 717-851-5959*

Hardship can strike any of us, with little or no warning causing serious, unexpected financial difficulties. The WellSpan Health Family Relief Fund (the "Fund") was established to assist team members and their families who are facing emergencies caused by unforeseen circumstances on a short-term basis such as:

1. Eviction
2. Utilities shut offs
3. Car repairs at a verifiable car repair facility

The Fund also provides emergency relief in the event of a documented terminal illness, natural disaster, or nationwide emergency.

Funds are not available for non-emergent needs, for example credit cards bills.

### **What kind of Relief can be provided?**

#### **Unforeseen Circumstances Relief**

If approved, the Fund will provide financial assistance for unforeseen circumstances on a short-term basis in the form a taxable payment. Assistance will be limited to a maximum amount of \$2,000. If a second request is made and approved, it cannot be made within 18-months of the initial request. No more than 3 requests, if approved, may be granted in a 5-year period.

For funds to be distributed based on the above, the payments must be paid directly to creditors whom the funds are owed. For example: to the mortgage/rental company in the case of eviction, to the utility company in the case of a turn-off notice, to the car repair company for transportation, etc. In general, the financial obligation, which is the basis for the request for Fund assistance, such as the mortgage, lease, car loan, or utility bill must be in the name of the WellSpan team member.

#### **Emergency Relief**

If approved, the Fund will provide financial assistance in the form of a cash award, that will typically be taxable, to help with financial emergencies related to a documented terminal illness, natural disaster (for examples a flood or fire) or nationwide emergency such as the COVID-19 pandemic. In certain limited circumstances, the cash award may be excluded from income in the case of a "qualified disaster" as defined by the Internal Revenue Code. Fund assistance for emergency related financial hardship is limited to a lifetime maximum of \$5,000. Funds can be used for personal, family, living or funeral expenses, but cannot be used to cover lost wages or business income, or expenses otherwise covered by insurance coverage. Please be advised that this cash award may impact your eligibility for other types of assistance and, as such, you should take this into account as part of your decision to apply for assistance under the Fund. Team members must be able to provide a written statement of the need.

#### **Eligibility Requirements:**

Team members seeking funds from the Fund for unforeseen circumstances must:

- Have at least 6-months of service.
- Be Full-Time, Part-Time or Weekend Option at the time of application.
- Have no written disciplinary counseling within a one-year look-back period from the date the application is submitted.
- Be in an "active" or "leave" status at the time of the approval.

Team members seeking assistance from the Fund for emergency relief must:

- Have at least 6-months of service.
- Be Full-Time, Part-Time or Weekend Option at the time of application.
- Have no written disciplinary counseling within a 6-months look back period from the time of application.
- Be in an “active” or “leave” status at the time of approval.

**Who will make decisions on the Requests for Relief?**

Relief decisions are made in the Human Resources/Total Rewards Benefits Department for confidentiality purposes, taking into consideration the eligibility requirements, the critical nature of the need, if any other means of assistance might be available, and funds availability.

**General Guidelines for the Fund:**

- All recipients and their families are treated with dignity and respect as valued team members.
- Confidentiality is maintained during the entire process unless the recipient chooses to share information with others.
- Recipients’ total dependence upon this relief is not permitted. The Total Rewards Benefits Department will assist where possible to identify community agencies that can help team members on a long-term basis.
- Every effort is made to review individual situations on a case-by-case basis and to identify appropriate solutions within the guidelines of the Fund.
- With the exception of certain payments made in connection with emergency expenses directly related to a federal “qualified disaster,” any cash awards provided hereunder will be subject to taxation.

**Family Relief Requests:**

All Fund Requests for Unforeseen Circumstances:

Copies of appropriate bills for which the team member is requesting assistance must accompany the request. Copies of foreclosure/eviction notices are also required.

Second Requests:

Team members receiving assistance, other than for emergency relief, within 18-months of the initial request will be made aware that budget counseling should be sought.

All Relief Fund Requests for Emergency Relief:

Documentation of qualifying event for which the request is being made.

Additional Requests:

Additional request will only be reviewed if team members have not exceeded the limits set within the guidelines of the plan.

**Questions or Requests for a Family Relief Fund Application:**

If after reading the guidelines above a team member believes they qualify for the Family Relief Fund or if they have questions about the Family Relief Fund, please contact the Total Rewards Benefits Department at 717-851-5959 or email [HRServiceCenter@wellspan.org](mailto:HRServiceCenter@wellspan.org). We will assist with any questions and supply the necessary application.



# WELLSPAN HEALTH

## Family Relief Fund Application

Please provide all requested information to avoid delays.

Submitting this form, you understand you are attesting to its accuracy and truthfulness.

Name:	Employee ID or Last 4 SSN:
Location	Department:
Home/Mobile Phone:	Work Phone:
Home Address:	Personal Email:
	Preferred Method of Contact: Phone                      Email
What unforeseen circumstance or emergency event has led to your need for assistance through the Family Relief Fund? Please provide details of what led to the request for assistance (if additional space is needed, please include another page):	

**Requesting funds for:    Short Term Unforeseen Circumstances**

If you are seeking funds due to short term unforeseen circumstances, please indicate **only below which bills you are requesting help with and the amount(s)**, not to exceed **\$2,000**. For assistance with financial obligations other than health premiums, copies of bills or late notices must be attached. Clear photos of bills are acceptable if unable to scan documents.

Mortgage or Rent (Provide creditor name(s)):	\$	Per month
Utilities	\$	
WellSpan Health Premiums		
Medical	\$	Monthly
Dental	\$	Monthly
Vision	\$	Monthly
Vehicle payment or repair cost (provide name of Authorized Repair Center(s)):	\$	
Other, please state: Please note: These funds are for unforeseen circumstances. Bills, such as, credit card bills will not be considered.	\$	

Is this an emergency? For example, are utilities in danger of being shut-off in the near future?                      Yes                      No

**Requestion funds for:    Emergency Relief (Refer to Guidelines for eligibility requirement)**

*Please be advised this cash award may impact your eligibility for other types of assistance and, as such, you should take this into account as part of your decision to apply for assistance under the Fund.*

If you are seeking funds from the Emergency Relief portion of this benefit due to a documented terminal illness, natural disaster or nationwide emergency such as the COVID-19 pandemic, please indicated the amount of the funds, up to \$5,000, being requested: \$

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If approved, checks can be picked up at First Capital Federal Credit Union at: 2602 Concourse Rd., York, PA. If you live 20 miles from the bank, checks will be send overnight via FedEx to your home address unless you communicate otherwise.**

Please note: Each application is carefully reviewed, and eligibility is researched. We are committed to reviewing all applications within a week of receipt. Emergency requests will be reviewed within 2-business days. You may be contacted for additional information which will be held in strict confidence. Email this form and supporting documentation to [HRServiceCenter@wellspan.org](mailto:HRServiceCenter@wellspan.org). If you have questions, contact the HR Service Center at 717-851-5959.

<b>Human Resources:</b>		
Date Received:	Date Approve:	Date EE Notified:
Approval Status:	Approved      Denied	Reviewed By: