

## CO-WORKER SHARING FUND GUIDELINES & APPLICATION

### PURPOSE:

Provide monetary or other assistance to employees for emergencies including personal loss due to natural disaster, medical emergencies, death or extreme unforeseen circumstances.

### ELEGIBILITY:

- The applicant must be an active CHI St. Vincent employee, Catholic Health Initiative employee located at one of CHI St. Vincent own facilities, or an individual on contract to CHI St. Vincent or CHI such as Sodexo, Crothall, Conifer, etc.
- Employed a minimum of six (6) months. Employees on a leave of absence can be eligible with proof of return to work date.
- Be full or part-time - Per Diem employees are not eligible.
- Must not be on current final written warning(s).

Assistance will be given based on the one of the following criteria stated below in the Emergency Requirements and Definitions

### EMERGENCY REQUIREMENTS AND DEFINITIONS:

A. **Natural Disaster** pertains to the employee only, not to include family members.

Emergencies considered will be destruction of personal property by fire or natural disaster (tornado, flood, etc.). Each will be verified through the appropriate emergency agency and will not exceed the amount under procedure. A copy of the official report must be attached to the Co-worker Sharing Fund (CWSF) application with the employee name and or the employee's physical address listed on the official report.

B. **Medical Emergency** pertains to the employee, spouse, or dependent child (living in the home).

Emergencies considered will be non-elective surgery, life-threatening illness, injury due to life-threatening accident, or surgery necessary for the employee to continue to work. A copy of the bill(s) and proof of medical emergency must be attached to the CWSF application and the CWSF representative must verify that this is a qualifying emergency.

C. **Death** pertains to the employee's immediate family with assistance for funeral expenses. Per CHI policy, immediate family includes: employee's spouse, sibling (including half-siblings), step-sibling, parent, step-parent, mother-in-law, father-in-law, daughter-in-law, son-in-law, child, step-child, legal guardian or ward.

A copy of the obituary must be attached to the CWSF application. To qualify for funeral expenses, a copy of the bill, (made out to the employee) must be attached to the application along with a copy of the obituary. If assistance is granted, payment may be made directly to the funeral home on behalf of the employee.

D. **Extreme Unforeseen Circumstances** pertains to employee only, not to include family members.

Assistance for financial hardships due to unusual extreme unforeseen circumstances. Each application will be considered on a case by case review process. A copy of the bill(s) and an explanation and proof of extreme unforeseen circumstances must be attached to the CWSF application, and the CWSF representative must verify that it is a qualifying extreme unforeseen circumstance.

### PROCEDURE:

Please follow all instructions below, not doing so will result in a longer application process.

- Completely fill out the application.
- Have your CWSF committee member sign the application.
- Please clearly state your reason for assistance.
- If asking assistance for a bill, please turn in statement and/or any information pertaining to the bill with the application.
- The CWSF chairperson will verify the employee's work status information with Human Resources; notify any other agencies/businesses listed on the application/bills; and if additional information is needed, the CWSF chairperson will contact the employee directly.

- The CWSF chairperson will confer with the CWSF committee to determine eligibility and will notify the requestor of the decision within 7 (seven) business days of receipt of application. If assistance is denied, the requestor will receive notice of the reason for denial.

**FUNDING:**

- If assistance is approved, a payment will be made in the form of a check. Maximum assistance level is \$300.00
- Utility bill payments will be made out (up to the maximum level of \$300) and mailed directly to the company.
- Checks for funeral expense assistance will be made directly to the funeral home.
- Financial assistance will be given in relation to the extent of need and other resources available to the co-worker.

**Please note that Co-worker Sharing Fund is manned by CHI St. Vincent co-worker volunteers!**

- Processing of applications are done by the CWSF committee who may be working in patient care areas and will not have immediate access to applications.
- We cannot provide a check within a 24 hour period.
- Processing applications may take up to 7 (seven) business days or longer if applications are not filled out completely and documentation is not provided.
- Assistance will be limited to a maximum of up to \$300.00 per a rolling twelve month period with a lifetime cap of \$1200.00.
- Monetary assistance will be subject to the availability of funds in the Coworker Sharing Fund program.



## Co-worker Sharing Fund Application

### DIRECTIONS:

Please read the Guidelines for Eligibility. If you think you are eligible, fill out form completely and return to the CWSF committee member. You may also email it directly to the CWSF chairperson listed for your facility. **DO NOT FAX.**

**APPLICANT: NOTE: All items below must be completed or the application will not be processed and may result in a longer time for approval. Processing applications may take up to 7 (seven) business days.**

Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Contact #: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Dept/Unit: \_\_\_\_\_ \* FT [ ] PT [ ] Note: per diem employees are not eligible.

Please circle employer: SV Infirmary SV Hot Springs SV Morrilton SV North Crothall Sodexo Clinic

Clinic Name & Location: \_\_\_\_\_

### CRISIS INFORMATION

**\*Please give explanation for requesting assistance on next page.**

**\*Please check appropriate box:**

- Natural Disaster  Fire  Tornado  Flood
  - Extreme Unforeseen Circumstances
  - Medical Emergency -  Self  Spouse  Dependent child
- \*Attach copy(s) of bill(s), or other requested documents.

Please check if asking assistance for a utility bill.  Electric  Water  Gas  Rent

### ASSISTANCE FOR FUNERAL

Spouse  Child  Brother  Sister  Parent  Other (please specify) \_\_\_\_\_  
See Guidelines for eligible family members.

Name of Funeral Home: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\*Attach copy of funeral expense bill.

### To be completed by CWSF Committee:

Hire Date: \_\_\_\_\_ Final Warnings:  Yes  No \_\_\_\_\_ Fulltime  Part-time \_\_\_\_\_

Approved  Denied Amount: \_\_\_\_\_ Assisted within 12 months  Yes  No

Check # \_\_\_\_\_ Account #: \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

CWSF Committee Member: \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

