



Employee Assistance Fund Guidelines

About the Fund:

The purpose of the Employee Assistance Fund is to provide financial assistance to Thomas Health employees who have experienced a qualifying event (see Eligibility Requirements) or are having severe financial issues. The Fund is solely funded through donations made by Thomas Health employees as a part of the Employee Giving Campaign, facilitated by the Thomas Health Foundation.

Participants may receive up to \$500 per calendar year. Applicants may apply for the full amount one time or apply multiple times during the year, totaling up to the maximum amount.

Eligibility Requirements:

This program is available to all Thomas Health employees, including all actively working full-time, part-time and per diem employees who are in need of assistance.

In order to be eligible for the Employee Assistance Fund, employees must have experienced severe financial issues or a qualifying event, such as a house fire, flooding, medical bills, untimely death in the family, or need to get out of a dangerous living condition.

Employees must have supporting documents to accompany their application.

Some examples include:

- House fire or flood: photos of damaged residence
- Medical bills: copy of medical bills with employee's name shown
- Untimely death in the family: copy of obituary
- Severe financial issues: past due bills, notice of eviction, notice of termination of utility services

How to Apply:

Applicants must submit the Employee Assistance Application (on back) and supporting documents to the Human Resources (HR) department. The application and supporting documents will then be reviewed and an HR representative will notify the employee with the outcome of the application. The applications will be processed as quickly as possible. Please note that the process could take a few days.

Questions:

Please contact the Human Resources Department with questions at 304.766.3631.





Employee Assistance Fund Application

PERSONAL INFORMATION

NAME OF PERSON MAKING REQUEST (FIRST, LAST):

DEPARTMENT:

MAIN CONTACT NUMBER:

STATUS (FULL TIME, PART TIME OR PRN):

WORK NUMBER:

NUMBER OF CHILDREN (UNDER 18) IN HOUSEHOLD:

NUMBER OF ADULTS IN HOUSEHOLD:

AMOUNT REQUESTED (UP TO \$500): \$

QUALIFYING EVENTS

Please check the qualifying event you have experienced.

- House fire
- Flooding
- Medical bills
- Untimely death in the family
- Dangerous Living Condition
- Severe financial issues

(Please elaborate):

- Other

(Please elaborate):

MORE INFORMATION

First time applicants will be given first consideration. Funds will be limited to Thomas Health employees only. Full amount requested is not guaranteed. Applications without supporting documents will not be considered and the employee will not be contacted. By signing this application, I state that the information above and attached is accurate.

Signature of employee: _____ Date: _____

