



HonorHealth Employee Emergency Crisis Fund Application for Assistance

Incomplete applications or applications submitted without copies of bills will not be considered.

Please read the following information regarding the HonorHealth Employee Emergency Crisis Fund prior to completing your request for emergency assistance.

REQUIREMENTS

- All employees of HonorHealth who have successfully completed one (1) year of employment (full time, part time, on-call, or per diem) are eligible for consideration to receive assistance from the Employee Emergency Crisis Fund. Temporary staff (including travel or contracted) are not eligible.
- Only one (1) application acceptance per employee is permitted during their life-time of employment with HonorHealth, including any breaks in service.
- An eligible employee's application will be reviewed and may be awarded up to the maximum request of \$2,000, less all applicable taxes and withholdings.
- Employee Emergency Crisis Funds are used to provide financial aid for basic fundamental needs only. Examples of basic needs include:
 - Mortgage, rent, housing
 - Utilities: gas, electric, water, phone
 - Auto payment, insurance and emergency repair expenses
 - Burial or funeral expenses
- Past due bills will not be considered

PROCESS

- Requests for assistance will be thoroughly investigated. This process includes verifying employment history at HonorHealth.
- Employees must submit a photo copy of the bill needed for payment when applying.
- The employee will be notified via email if the application is approved.
- The approval process may take up to 5-7 business days.
- Approved funding will be made payable to the requesting employee via the next payroll check.
- By signing this form I agree to be contacted by a financial coach from HonorHealth Desert Mission.
- Employees who receive a disbursement from the Crisis Fund will be given an opportunity to receive an additional \$500.00 taxable bonus upon completion of a Financial Fitness Program with HonorHealth Desert Mission.

Questions regarding the process and completion of the form can be directed to your campus HR Representative or email Employee.crisisfund@honorhealth.com.

*HonorHealth reserves the right to modify and/or discontinue this program at any time.



HonorHealth Employee Emergency Crisis Fund Frequently Asked Questions

Q: My rent is past due. Does this qualify?

A: No. Only current bills and invoices will be considered. Please only submit for your most recent rent statement

Q: If I submit a bill for a car repair and it is accepted, will I get reimbursed the full amount?

A: No. Aide is not offered in the form of a reimbursement, but rather as a bonus to your next paycheck. This means that you will receive whatever amount is left after taxes and withholdings. Currently the FICA tax rate is 7.65%, Federal supplemental tax rate is 22%, and the average employee opts for a 5.1% state tax rate. So if you are submitting a bill in the amount of \$1000.00 and your taxes amount to 34.75%, you will receive \$652.50.

Q: Do medical bills qualify?

A: No, we are unable to accept a medical bill. However, if you find yourself needing aide with something like a mortgage or car payment because of a medical bill, you may submit those totaling up to the amount of the medical bills (maximum of \$2000.00).

Q: Do you accept multiple bills?

A: Yes, multiple bills can be accepted up to a maximum of \$2000.00.

Q: I don't have my original bill or invoice. Can you accept a bank statement?

A: No. A photocopy of the original bill must be attached with the application.

Q: I made a mistake on my application or forgot to fill in a portion of it. Can I resubmit a corrected version?

A: Yes. If an incomplete application is sent you will be notified immediately of rejection status based on an incomplete form. **Please note that the review of your application starts only when a complete and correctly filled-out form is received, along with photocopies of your bills.**

Q: My application was accepted and funded. How do I get the extra (taxable) \$500.00?

A: A Financial Coach from HonorHealth Desert Mission will reach out to you to explain more details of the program, but basically you are eligible to be rewarded an additional \$500.00 upon completion of a Financial Fitness Program. Upon notification of completion from the Financial Coach from Desert Mission, the extra \$500.00 would be distributed in your next viable paycheck.

Questions regarding the process and completion of the form can be directed to your campus HR Representative or email Employee.crisisfund@honorhealth.com.

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Employee Emergency Crisis Fund Application



Please email this completed form to Employee.crisisfund@honorhealth.com

Employee Name: _____ ID: _____

Address: _____

City: _____ State: _____ Zip code: _____ Date of Birth: _____

Email: _____ Phone: _____ Cell Home

Full Time Part Time # of Years at HonorHealth _____

people in household: _____ # dependents under 18: _____ # incomes in household: _____

Marital Status: Single Married Divorced Domestic Partner Widowed

MONTHLY INCOME	Amount
Employee Net Salary	
Net Family Income from spouse, children, domestic partner, etc.	
Alimony	
Government Assistance	
Other Monthly Income from Pensions, Dividends, Second Job, etc.	
Amount in Savings/ Stocks/ Available Funds	
Total Monthly Income	

HOUSEHOLD MONTHLY EXPENSES	Amount	HOUSEHOLD MONTHLY EXPENSES	Amount
Rent/Mortgage		Utility/Gas	
2nd Mortgage		Utility/Electric	
Property Tax		Utility/Water	
Home Insurance		Utility/ Sewer and Trash	
Car Payment(s)		Grocery/Dining Out	
Car Insurance		Credit Card Monthly Payment	
Transportation/ Auto Gas		Student Loan Payment	
Medical Copay/Rx		Household Items	
Childcare/Eldercare		Clothing/Personal Care	
Alimony		Other:	
Other:		Total Monthly Expenses	

Why are you requesting assistance at this time?

Incomplete forms will NOT be considered!

I certify that the above is completed and correct. I authorize the Crisis Fund to check my credit, bank balances and employment history. I agree to provide any additional information regarding my financial status in order to assist in making a determination.

Employee Signature _____

Date _____

**By signing this form I agree to be contacted by a financial coach from HonorHealth Desert Mission.*