

LONG ISLAND TEACHERS BENEVOLENT FUND

100 So. Main Street
Suite 205
Sayville, New York 11782

APPLICATION FOR FINANCIAL GRANT FOR CATASTROPHIC LOSS

ELIGIBILITY: Dues paying members of NYSUT Locals who are participants in the Long Island Teachers Benevolent Fund, and who are in dire need of financial assistance due to:

(1) death or serious illness in the immediate family requiring expenditures exceeding \$3,000 "out of pocket" and not covered by insurance, (excluding co-pays and deductibles)

(2) sudden personal catastrophe loss, requiring expenditures exceeding \$3,000 "out of pocket" such as loss of home by fire, etc. not covered by insurance. (excluding co-pays and deductibles)

NOTE: This is a \$600 grant and is not an insurance policy. It is to be used only at times of extraordinary loss for members who are in dire need of assistance.

This grant is not intended for items that are normally covered by insurance or to reimburse for usual and customary expenses.

APPLICATION PROCESS: Dues paying members must complete this application, attach documentation of expenditures, and submit the application to their Local President. After reviewing this application the Local President will forward it, with his/her recommendation, to the Fund Coordinator. The disposition of the application will be determined by action of the trustees of the LITBF.

Name of Applicant: _____ NYSUT ID #: _____

Local name and #: _____

Member Mailing Address: _____

City: _____ State: _____ Zip: _____

PLEASE CHECK REASON FOR FINANCIAL NEED:

Death in the immediate family. Name of the deceased: _____

Relationship to the member: _____ Age: _____

Total Expenses: \$ _____ **(Must submit bills that exceed \$3000.00)**

Life Insurance on deceased (total): \$ _____

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Serious illness in family. Name of patient: _____

Relationship to the member: _____ Age: _____

Is patient covered by any Health Insurance Plan? Yes _____ No _____

If "yes" name of plan: _____

Name of individual whose policy this is: _____

Total Expenses: \$ _____ **(Must submit bills that exceed \$3000.00)**

Personal Catastrophe (such as loss of home by fire)

State nature of catastrophe: _____

Total Expenses: \$ _____ **(Must submit bills that exceed \$3000.00)**

Is any portion of these expenses covered by insurance? Yes _____ No _____

If "yes", how much is **NOT** covered by insurance?*\$ _____

***Submit documentation showing all amounts paid by insurance and bills not covered by insurance**

I attest that the information provided on this application is true and accurate.

Signature: _____ Date: _____

THIS SECTION IS TO BE FILLED OUT BY LOCAL PRESIDENT

Name: _____

Local Name: _____ Local #: _____

Address: _____

Signature: _____ Date: _____

Is the applicant currently a dues paying member of the local? Yes _____ No _____

Does this application meet "dire" need? Yes _____ No _____

Why Yes or No: _____

Note: Grant does not cover insurance copays or deductibles.

Mail To: Long Island Teachers Benevolent Fund, 100 South Main Street, Suite 205, Sayville, NY 11782