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**SUBJECT: Employee Hardship Assistance Policy**

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**PURPOSE:**

To establish an emergency assistance program for employees and their immediate family (defined here as legal spouse or legally dependent child) who experience a financial hardship due to an emergency situation beyond their control.

**POLICY STATEMENT:**

The Cape Cod Healthcare Employee Hardship Fund (the "Fund") has been established to provide assistance to Cape Cod Healthcare employees and their immediate family who experience a financial hardship due to an emergency situation beyond their control.

The Fund shall be funded by voluntary charitable donations provided by employees and any entities or individuals who want to assist Cape Cod Healthcare employees and their immediate family members facing a financial hardship due to an emergency situation beyond their control.

**QUALIFYING EVENT:**

The Fund is intended to assist employees and their immediate family members who have experienced an emergency situation that has caused a temporary financial hardship. This event must be caused by a sudden and unexpected occurrence, or combination of occurrences, which causes a pressing financial need for an employee and/or their immediate family. The event must be wholly unforeseen and beyond the control of the employee and the employee's immediate family. Events that impact an immediate family member of an employee, with only an indirect effect on the employee, do not qualify for awards from the Fund.

Examples of events that may be considered as qualifying for assistance from the Fund include, but are not limited to, the following: uninsured medical expenses caused by the employee's or their immediate family member's severe illness or accident; uninsured expenses incurred by the death of an employee or the employee's immediate family member; or uninsured losses for damage to an employee's or their immediate family's primary residence caused by fire, crime, flood, or other disaster.

Awards are not intended to reimburse for the cost of non-essential items. Longstanding financial problems not related to a specific event do not qualify for awards from the Fund.

**AWARD PARAMETERS:**

- All awards are subject to the availability of funds and extent of documented need. Because the Fund is supported by donations, there is no guarantee that there will be available funds at a given time.

- The financial assistance awarded may not exceed the following monetary limits:
  - No more than \$2,500.00 may be awarded to a recipient during any 12-month period;
  - No more than \$5,000.00 may be awarded to a recipient during his/her lifetime.
- No award shall be given if the total Fund balance is less than \$1,000.00.
- After a recipient receives notification of an award, the recipient must wait six (6) months before applying for additional assistance. Applications that have been previously denied may not be resubmitted.

### **FUND REVIEW COMMITTEE:**

The Fund Review Committee will be responsible for the management of the Fund. With the exception of the Senior Vice President of Human Resources, members of the Committee will serve on a 3-year rotating basis. The Committee will consist of:

- The Senior Vice President of Human Resources (ex officio, non-voting);
- Three (3) non-union employees designated by Cape Cod Healthcare's President and CEO;
- One (1) employee designated by the MNA;
- One (1) employee designated by the SEIU;
- One (1) employee designated by the UGSOA;
- One (1) employee from the Cape Cod Healthcare Foundation Office designated by Cape Cod Healthcare's President and CEO.

At no time shall the majority of voting membership be represented by management positions.

The Committee shall meet as soon as practicable after receipt of an application. The Committee shall conduct an assessment of need by carefully reviewing each application and any corresponding support documentation. Based on this assessment, Awards will be approved by a majority vote of the Committee. All awards shall be in compliance with Cape Cod Healthcare's non-discrimination policy.

Any member of the Committee who has a conflict of interest due to family, personal or business associations shall be excused from discussing or voting on such matters.

### **ADMINISTRATION:**

The Committee, in conjunction with the Cape Cod Healthcare Foundation Office, must maintain appropriate records to show that payments further the Fund's charitable purpose and that the persons served are needy or distressed in the manner described in this Policy. The Committee's records will be retained in the Cape Cod Healthcare Foundation Office. Generally, documentation will include:

- A complete description of the assistance provided;
- Costs associated with providing the assistance;
- The objective criteria for disbursing financial assistance to each recipient;
- The name, address, and amount distributed to each recipient; and
- Any conflict of interest between a recipient and Committee members.

### **DONATING TO THE FUND:**

Any person or entity is eligible to donate to the Fund, which will be administered by the Cape Cod Healthcare Foundation. Employees may donate to the Fund by:

- Cash, check, or via payroll deduction (these donations are tax deductible to the extent provided by law);
- Available vacation accrual balance, not to exceed 40 hours in a calendar year (these donations are treated as taxable income to the employee with a corresponding charitable deduction opportunity if the employee itemizes).

Donations cannot be earmarked for specific individuals.

**APPLYING TO THE FUND:**

- Applications must be completed and submitted to the Cape Cod Healthcare Foundation Office. An immediate family member or colleague of an eligible employee may apply on the employee's behalf. All decisions made by the Committee will be based solely on the information submitted with the application.
- Each application must be accompanied by supporting documentation that demonstrates how the hardship has affected the applicant.
- Approval of applications is subject to availability of funds, extent of need, and satisfactory completion of the application.
- Information provided by applicants will be treated as confidential and shared only with individuals directly involved in award administration and payment processing.
- The Committee may request additional information or documentation from an applicant before making a decision. The applicant will be given two (2) weeks to provide the requested information or to explain why it cannot be provided. If the applicant does not respond to the request, the application will be deemed withdrawn.
- All decisions by the Fund Review Committee are final. No appeals or challenges are permitted.

**APPROVALS:**

*Original with Signature on File*

Michael Lauf, President and Chief Executive Officer

*Original with Signature on File*

Michael Connors, Senior Vice President and Chief Financial Officer

*Original with Signature on File*

Emily Schorer, Senior Vice President, Human Resources

*Original with Signature on File*

Chris Lawson, Sr. Vice President and Chief Development Officer

**Reason for Application**

**The Beneficiary has experienced the following:**

- Death of employee or family member
- Severe illness or accident
- Uninsured losses caused by fire, crime, or other disaster
- Other

**Please provide any information to help the Fund Review Committee make a decision. Please note that you are not required to provide personal information that would prove embarrassing or cause added emotional stress. This section should serve only to clarify your situation and support your application. Attach additional pages if necessary.**

**You are required to substantiate your incident. Please attach documentation associated with the reason for the application. This may include but is not limited to:**

- Certification of medical condition
- Death certificate
- Obituary
- Medical bills
- Insurance claims
- Police reports
- Expense receipts
- Foreclosure or eviction notice
- Any outstanding bills intended to be paid with Hardship Assistance award

**Is there insurance that would help in this situation?**

- Yes    No

**If yes, has a claim been submitted?**

- Yes    No

**Describe how the incident prevents you from meeting your financial obligations.**

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<b>Personal Finances</b>		
<p>Because the Fund is limited, applicants should seek assistance from others sources before applying for Fund assistance. Applicants must demonstrate a temporary financial hardship that cannot be met by other means and is caused by a qualified incident. To assist with the evaluation of each request, applicants must submit personal finance information that shows a picture of the family's finances.</p>		
<b>Your Assets:</b>	<b>Your <u>Monthly</u> Household Income:</b>	<b>Your <u>Monthly</u> Living Expenses:</b>
Cash \$ _____	Your monthly wages \$ _____	Rent/Mortgage \$ _____
Savings \$ _____	Spouse's monthly wages \$ _____	Utilities \$ _____
Real Estate \$ _____	Child support received \$ _____	Food \$ _____
Vehicles \$ _____	Disability insurance \$ _____	Child support owed \$ _____
<b>Total</b> \$ _____	Social Security/Pension \$ _____	Medical expenses \$ _____
	Other income \$ _____	Car loans \$ _____
	<b>Total</b> \$ _____	Gas/Incidentals \$ _____
		Other \$ _____
		<b>Total</b> \$ _____

<b>Amount of Assistance Requested</b>
Amount: \$ _____
What the funds will be used for: _____
Applicant Signature: _____
Date: _____

<b>For Fund Review Committee Use Only</b>
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved