

CLUB OF HEARTS, INC.

GENERAL EMPLOYEE EMERGENCY FUND APPLICATION (RETIREE)

GENERAL INFORMATION

Recipient's Name	Retiree's Name and Relationship to Recipient		
Recipient's Home/Cell Phone Number	Date of Retirement (Month and Year)	Age at Retirement	
Recipient's Full Home Address	Number of Years of Service Earned in Southern Company Pension Plan	Company Retired From	
List names of Spouse, Dependent Children and Other Household Members living with you:			
Name	Date of birth	Name	Date of birth
Is your spouse a Georgia Power or Southern Company employee or retiree? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable			

Application Instructions

SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF BENEFITS. ANY AWARD OF BENEFITS IS SUBJECT TO THE ABSOLUTE DISCRETION OF THE CLUB OF HEARTS, INC. ALL APPLICANTS WILL BE NOTIFIED IN WRITING OF THE CLUB OF HEARTS BOARD'S DECISION TO APPROVE/DENY THE REQUEST. IF THE SUBMITTED APPLICATION IS NOT COMPLETE, IT WILL BE DENIED. PLEASE SEE THE CLUB OF HEARTS' EMPLOYEE EMERGENCY FUND GUIDELINES FOR MORE INFORMATION ABOUT ELIGIBILITY AND THE APPLICATION REVIEW PROCESS.

In applying for Employee Emergency Fund assistance, the Club of Hearts management and board **may** need to ask additional questions about your personal situation to make an informed decision. We also reserve the right to obtain additional information from the applicant, or other sources, while reviewing the request in order to verify the reported employee need/emergency.

Carefully review these guidelines as they are part of the application.

Please follow the directions below in completing your application.

1. Completely fill out the application, including all information regarding family members living with you, all incomes in the household, etc., and submit the completed and signed application along with **copies** (not originals) of the following:
 - Documentation regarding your emergency situation (**i.e. copy of local fire department report showing proof of fire, etc.**) and what caused it.
 - Copies of your last two paychecks (Copies can be obtained from HR Direct).
 - Copies of approved documentation for FMLA, Supplemental Security Disability Insurance (SSDI) and Worker's Compensation, if applicable.
 - Copies of all invoices for which you are requesting payment, where applicable. (Requests will not be considered without the invoice).
 - Copy of your most recently filed 1040, 1040A or 1040EZ income tax return (do not include schedules).
2. Return the application with all supporting documentation to Club of Hearts using one of the ways listed below:

Mail to: Club of Hearts
Bin 10196
241 Ralph McGill Blvd.
Atlanta, GA 30308-3374

Scan/email to: clubhear@southernco.com

Fax to: 404-506-7670

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Date of Application	<i>Be as detailed as possible with the description. Attach additional sheets, if needed.</i>	Have you or any of your dependents ever received EEF funding for this same catastrophic event, related to a chronic, debilitating illness? ↑No ↑Yes If yes, please tell us when and why?
Total Amount Requested (maximum amount is \$6,000, less any emergency funds already granted).		Have you or any of your dependents ever received EEF funding for a different catastrophic event? ↑No ↑Yes If yes, please tell us when and why?

LIST ALL OF YOUR EXPENSES and details requested for items listed in columns A, B, C, D and E. Invoices must be included for all items marked by * and all items listed in column E. **Only items listed in Column E will be considered for reimbursement, but all invoices marked by * must be included to ensure clear understanding of the financial situation.** In addition, please ensure invoices or receipts contain your name or dependent's name on account and payment address. This information will be used if request is approved. Provide any additional explanation possible to clarify expenses listed below. Not all expenses are paid with EEF funds, but they are considered when making decisions about your application. - *Be as detailed as possible with the description. Attach additional sheets, if necessary.*

Purpose	<u>Column A</u> Invoice Date(s)	<u>Column B</u> Due Date(s)	<u>Column C</u> Monthly Payment(s)	<u>Column D</u> Late Fees	<u>Column E</u> Total Payment Requested (Attach invoices, receipts and/or additional explanation of expense)
Rent or Mortgage					
Food					
Medical					
Dental					
*Vehicle Payment ¹					
*Vehicle Payment ¹					
Auto Insurance					
Gasoline					
Electric					
Gas					
Water & Sewer					
Telephone – Landline					
Cell Phone ²					
Home Owner's/Renters Insurance					
*Cable					
Internet					
Childcare					
Child Support					
*Credit Card ³					
*Credit Card					
*Outstanding Loan					
Other (please specify)					
Other (please specify)					
Other (please specify)					

EXPENSE DETAILS & INSTRUCTIONS - Be as detailed as possible. Attach additional sheets, if needed.	
<p>1. Who is the primary driver of the vehicle listed above? Please disclose recreational vehicles such as but not limited to ATVs, golf carts, boats, motor homes.</p> <p>2. Is your cell phone your primary phone? No Yes</p> <p>3. If your credit card includes charges related to the catastrophic event or serious illness, please include a detailed invoice and any receipts paid by credit card.</p>	
EXPENSE DETAILS & INSTRUCTIONS - Be as detailed as possible with the description. Attach additional sheets, if needed.	
Describe the recent catastrophic event or serious illness that caused the financial hardship.	
Who was directly affected by the catastrophic event or serious illness?	
When did the aforementioned event occur? How long did it last?	
How has the event affected your household finances? List all financial damages <u>directly</u> associated with this catastrophic event. What are your hours of lost wages?	
What actions have been taken to resolve the situation?	
What consequences have occurred or are anticipated because of the situation?	
Are you/your spouse currently out of work? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, how long? From: To:	
When do you anticipate returning to work?	
Have you/your spouse been approved for FMLA? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, how long? (attach copy of approved FMLA documentation) From: To:	
Are you/your spouse receiving <input type="checkbox"/> short-term <input type="checkbox"/> long-term disability? <input type="checkbox"/> No Yes (attach copy of approved documentation)	
Are you/your spouse receiving Worker's Compensation? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach copy of approved documentation)	
Have you/your spouse used all vacation & disability time? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you solicited/received assistance from other organization(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, list organization(s) and amount(s) requested and received.	

Define specific areas where the EEF funds can provide assistance to you.
If you/your spouse have filed for EEF funds in the past, for the same catastrophic event, related to a chronic, debilitating illness, please give a detailed description of the lifestyle changes you are making (or have made) to better your financial situation in the long-term?

APPLICANT/EMPLOYEE INCOME – Provide any additional explanation possible to clarify income listed below.			
Gross Annual Household Income			
Net Annual Household Income			
Retiree			
Spouse			
Other Household Member			
Retirement			
Child Support			
Alimony			
Unemployment			
Worker's Compensation			
Short-Term or Long-Term Disability			
Other Income			
OTHER FINANCIAL INFORMATION (Please enter "0" or "N/A" for not applicable in all boxes.)			
Checking Account Balance		Savings Account Balance	
401K Balance		Equity in Residence	
Other Assets		Total Value of all assets	

Declaration of Truth

I declare under penalties of perjury that I have examined this General Employee Emergency Fund Application, including any accompanying attachments, schedules and statements, and to the best of my knowledge and belief, such documents are true, correct and complete. I also specifically give my permission to HR Direct, MetLife and/or UNUM Provident for the purpose of providing Club of Hearts with any requested information pertaining to salary continuation, leave time, disability income payments and monthly pay deductions. Furthermore, I understand that if I have knowingly provided any false information, my supervisor will be informed of my actions and the situation will be turned over to the appropriate company entities for further investigation and possible disciplinary action, up to and including termination.

 Recipient/Retiree Signature

 Date