

TOYOTA MOTOR MANUFACTURING, Kentucky, INC. REQUEST FOR BENEVOLENT FUND PAYMENT

EMPLOYEE INFORMATION (Please print)

Name: _____ Home Phone: _____ Work Ext. _____

Address: _____
Street City State Zip

Hire Date: _____ Cost Center: _____ TM#: _____

I hereby request funds in the amount of \$_____ be paid to me from the TMAA Benevolent Fund as provided in Section 4.1 of the Fund. I understand that the maximum amount which I may request is limited to the amount needed for the hardship, but not in excess of \$1,000.00. I also understand that if my request is approved, I will not be eligible to receive additional funds for 12 months from the date of the current withdrawal is received. Additionally, I confirm that I have submitted to my insurance company for reimbursement of associated expenses and they have denied that claim. I have not received insurance reimbursement, or other assistance, to cover these expenses.

I am requesting funds from the TMAA Benevolent Fund for the following reason: (check one)

☐ Catastrophic Illness (Physical or mental illness or medical condition which results in bodily injury, or disease, or mental disorder and is expected to result in death, or be of a long-continued and indefinite duration.) **Please have the attached Medical Information sheet completed by your physician.**

Explanation of expenses requested for assistance: _____

☐ Natural Disaster (An act of nature which occurs through no fault of the Participant, or the Participants' Dependents, which renders the principal residence of the Participant uninhabitable and which loss is not reimbursed by insurance or paid from other sources.)

Explanation of expenses requested for assistance: _____

If funds are requested for catastrophic illness, I hereby authorize TMAA to review such information as provided by my physician and release any and all claims I may have with respect to TMAA's review of such information, in conjunction with the processing of this request.

*** PLEASE NOTE: RECEIPTS TALLING THE AMOUNT REQUESTED MUST BE ATTACHED TO BE CONSIDERED ***

Team Member Signature _____ Date _____

REVIEW / APPROVAL

Received by: _____ Date: _____

☐ APPROVED

Amount requested: _____

Date Disbursed: _____

Amount approved: _____

Check #: _____

☐ DENIED

Reason: _____

☐ PENDING

Additional information required: _____

TMAA Benevolent Fund Chairperson

Date

Return completed form to TMAA, Human Resources