



# Southern California Employee Association *Friends Helping Friends Assistance Application*

Please fax the SCEA Friends Helping Friends Application to the SCEA office at (623)295-3669  
**Make sure to include all supporting documentation in the submission.**  
**This information is kept confidential and is only reviewed by the internal committee.**  
For questions please email mary.serrano@albertsons.com

\_\_\_\_\_  
Name of SCEA Member (Requesting Family Member)      Work Location      Employee ID #

\_\_\_\_\_  
Contact Phone Number      Contact Email Address

\_\_\_\_\_  
Home Street Address      City, State      Zip Code

Have you received assistance before? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, when? \_\_\_\_\_

\_\_\_\_\_Death/Funeral Expenses    \_\_\_\_\_Serious Illness/Emergency Medical    \_\_\_\_\_Property Damage/Loss

### **Details of Crisis**

Please give details of the crisis. Attach documentation showing personal responsibility of incurred expenses. Your request is subject to qualifying guidelines.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount requested \_\_\_\_\_

### **Statement of Hardship**

Please explain how this event creates an immediate and heavy financial hardship.

\_\_\_\_\_  
\_\_\_\_\_

I attest that this event has caused an immediate and heavy financial hardship that if requested could be supported by further documentation.

\_\_\_\_\_  
Member's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Immediate Family Member Signature (if applicable)

\_\_\_\_\_  
Relation to Member

\_\_\_\_\_  
Date



# Southern California Employee Association

## *Friends Helping Friends Assistance Application*

The Southern California Employee Association is proud to help its members in time of need. Through *Friends Helping Friends*, the members of the SCEA can provide support and financial assistance to fellow members in times of personal crisis and hardship.

### Eligibility

To qualify for financial assistance from the SCEA FHF Assistance Fund, an employee of the Southern California division of Albertsons Companies must meet the following criteria:

- Be a current, dues paying member of the SCEA for 90 consecutive days. Members can apply for assistance immediately providing the incident takes place after enrollment in the Association; however, the Member will not be eligible to receive financial assistance until 90 consecutive days of dues have been paid.
- Currently employed by the Southern California division of the Albertsons Companies and in good standing with the company (not currently on disciplinary suspension or administrative leave), and current on SCEA financial obligations.
- Not have received assistance from the SCEA within the last 24 months.
- Retiree members are not eligible for assistance.
- Members on approved LOA are eligible to receive grants for incidents occurring while on leave provided he/she is a member in good standing for at least 90 days prior to the leave and SCEA membership is resumed upon return.
- Immediate family (parents, children and spouse) may make a request on behalf of the Member if he/she is deceased, or if medical conditions or active military service prevent the Member from submitting the application him or herself. If approved, the family member shall receive tax free assistance under the SCEA Member's tax exemption.
- FHF assistance is not intended to cover day-to-day expenses such as, but not limited to, rent, mortgage, mechanical issues, insurance premiums, hours loss at work, veterinary bills and most dental work.

### Assistance Categories

SCEA grants charitable assistance to its members if they have experienced an unexpected personal crisis which places an immediate and heavy financial hardship on the Member and his/her family. Crises falling into the following categories will be considered:

1. **Death/Funeral Expenses** – If the Member has lost a parent, child or spouse and is financially responsible for any costs associated with the funeral, cremation, burial and/or travel to the funeral.
2. **Serious Illness or Extreme Emergency Medical Bills** – Grants are available if the Member, or immediate family member (spouse or children), has extreme medical bills for procedures considered medically necessary (not elective) and are not covered by insurance.
3. **Personal Property Damage/Loss** – Grants are available if the Member's primary residence, primary mode of transportation, and/or essential personal belongings are lost, damaged or destroyed due to the lawful actions (not the willful intent or fault of the Member) such as earthquake, fire, flood, accident, burglary or vandalism.

### Supporting Documentation

Applications must be accompanied by documentation supporting the details of the incident, proof of relationship and the financial costs incurred by the Member. Examples of documentation include, but are not limited to:

#### **Death/Funeral Expenses**

- **Death certificate**
- **Proof of relationship-** if not listed on the death certificate stating relationship, a birth certificate is required.
- **Proof of financial cost incurred-** contract showing amount member paid to mortuary, cemetery and/or crematory with members signature. If member traveled in relation to services, receipts showing member purchases for air fair or car rental.

#### **Serious Illness or Emergency Medical Bills**

- **Medical bills-** actual bill is required; not statements from insurance. Dates of service **MUST** be within 180 days of submitting application. Bills need to show dates of service.
- **Medical Documentation**

#### **Personal Property Damage/Loss**

- **Proof of residency-** rental or lease agreement with the signature of the owner/landlord and the tenant/resident, deed or title to residential real property, mortgage bill, home utility bills (including cellular phone bill).
- **Insurance documents or police report-** verifying/indicating damage or loss.
- **Receipts-** for hotel stay, personal hygiene care, clothes as well as any items purchased by member that is a necessity.



## **Southern California Employee Association** ***Friends Helping Friends Assistance Application***

### **Statement of Hardship**

Each applicant is required to explain how the crisis creates an immediate and heavy financial hardship. Additionally, the applicant is required to attest to the hardship and provide additional documentation if requested.

### **Assistance Grants**

Grant amounts are subject to the availability of funds in the division's FHF Assistance Fund account. The maximum payout of assistance is \$1,000 or \$1500 depending on category and \$5,000 lifetime. The SCEA FHF Assistance Fund Committee reserves the right to review maximum grant awards in the cases of catastrophic events. Grant awards are generally limited to up to 50% of each approved application not to exceed category maximum amount.

- Death/Funeral - Up to \$1,500 maximum
- Serious Illness/Medical - Up to \$1,500 maximum
- Property Damage/Loss (at no fault of the Member) - Up to \$1,000 maximum

### **Disclaimer**

The SCEA's Assistance Fund is not sponsored by Albertsons Companies or any of its subsidiaries or affiliates. The SCEA reserves the right to modify, change or amend the Friends Helping Friends Guidelines at any time for any reason with or without notice to the SCEA members. Issues not otherwise addressed by these Guidelines may also be set forth in the SCEA Bylaws.