

LONG ISLAND TEACHERS BENEVOLENT FUND  
100 S. Main Street, Suite 205, Sayville, New York 11782

APPLICATION FOR FINANCIAL GRANT FOR CATASTROPHIC LOSS

ELIGIBILITY:

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 grant 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.

MAXIMUM GRANT: Reimbursement will be limited to 25% of actual amount of loss. No grant shall be less than \$250 or more than \$600 per applicant.

APPLICATION PROCESS: 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: \_\_\_\_\_ Local: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLEASE CHECK REASON FOR FINANCIAL NEED:

\_\_\_ **Death in the immediate family.** Name of the deceased: \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Age: \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_ (**Must submit bills**)

Life Insurance on deceased (total): \$ \_\_\_\_\_

\_\_\_ **Serious illness in family.** Name of patient \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Age: \_\_\_\_\_

Is patient covered by any Health Insurance Plan? Yes \_\_\_ No \_\_\_.

If "yes" name of plan \_\_\_\_\_ Policy holder: \_\_\_\_\_

Name of individual whose policy this is: \_\_\_\_\_

Total expenses: \$ \_\_\_\_\_ (*Must submit bills*)

\_\_\_\_ **Personal Catastrophe** (such as loss of home by fire)

State nature of catastrophe: \_\_\_\_\_

Total Expenses resulting from this: \$ \_\_\_\_\_ (*Must submit bills*)

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: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

Local: \_\_\_\_\_

Is the applicant currently a member of the local? \_\_\_\_\_

Does application meet "dire" need? \_\_\_\_\_ (YES OR NO)

Why YES OR NO: \_\_\_\_\_

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

Send to: Long Island Teachers Benevolent Fund

100 South Main Street- Suite 205

Sayville, NY 11782

**Note: Grant does not cover insurance co-pays or deductibles**