

IBEW #332 MEMBERS ASSISTANCE FUND

Rules and guidelines

The purpose of the Membership Assistance Fund and Committee is to extend unity among Local 332 members in time of sincere need to members suffering from financial difficulties.

Any IBEW Local 332 member may qualify for monetary assistance if they meet the following guidelines:

- Fill out the application form completely, legibly with as much information as possible to help paint the picture of your current hardship.
- Be unable to provide adequate financial support for you or your immediate family at this time.
- Be sincere in your request and provide necessary information to committee upon request.
- Disclose any other income or income source to your immediate family (i.e., rental income, investments, spouse's income, disability payments, unemployment etc.)
- If you are out of work, you must be on the out-of-work list if you are able to work.

This account is not intended to provide subsidy for certain situations and your application may be rejected for the following:

- Mismanaged personal accounts
- Lack of money due to unwillingness to work
- Financial situations due to personal relationships (divorces, breakups, etc.)
- Requesting funds for situations involving family and friends
- Bail or fines levied by any law enforcement agency, IBEW 332, other IBEW Local Unions or I/O.
- Drug or alcohol uses.
- Any person who intends to take financial advantage of the fund without having a sincere need.
- Any reason the committee deems inappropriate

Please note:

- Items to be reviewed include but are not limited to your work history, dues payment history, history with the local
- Approval of assistance is not a gift, repayment is expected.
- Abuse of the Fund will be grounds for automatic rejection.
- Incomplete applications will be rejected automatically.
- The committee may reject your request should you currently owe the fund.
- Funds being used to pay dues will go directly to pay the monies owed. The recipient of the assistance will not receive a physical check in this instance.
- The committee's ruling is final. No appeals accepted.

REPAYMENT OF FUNDS IS EXPECTED

** All information confidential. ** Committee members may change guidelines and rules at any time.

** Committee appointed by President of Local #332. ** Funds subject to availability.

** Account funded by voluntary contributions from membership.

Return completed questionnaire in person to the Local Union office for proper processing to the committee.

IBEW Local 332 Member Assistance Fund Questionnaire

(Please print LEGIBLY in blue or black ink. This form must be as complete as possible for proper processing)

Name: _____ Phone: _____

Address: _____ SSN (LAST 4 #): XXX-XX-_____

_____ Email: _____

Classification: _____ LU: _____ LU Card No _____ Dues Paid thru _____

Marital Status

Single Married Divorced Number of dependents living at home: _____

WORK SITUATION (PLEASE ANSWER APPROPRIATELY, YOU MAY NOT NEED TO ANSWER ALL QUESTIONS)

Yes No A. Are you currently dispatched from Local 332?

Yes No B. If no, are you dispatched out of another local? If yes, which local? _____

Yes No C. If unemployed, are you available for work?

_____ D. If not working, what is your date last worked?

Yes No E. Are you on disability, paid family leave or modified duty?

Yes No F. Is your name on the out-of-work list in Local 332?

Yes No G. Is your name on another Local's out-of-work list? If yes, which local(s)? _____

FINANCIAL SITUATION (INCLUDING IMMEDIATE FAMILY):

Yes No H. Do you have supplemental income (e.g. rental income or a 2nd job)?

Yes No J. If married or in a domestic partnership does this person have income?

Yes No K. Do you have money in a bank account?

Checking: \$_____ Savings: \$_____

Yes No L. Are you receiving unemployment benefits?

Yes No M. Are you receiving disability benefits (including Paid Family Leave)?

Yes No N. Have you ever received Member Assistance Funds? Amount: \$_____

Yes No O. If yes to question "N", do you still owe the fund?

Amount of assistance requested: \$_____

Your need for this relief (This portion MUST be completed, no exceptions): _____

TO ENSURE ASSISTANCE REMAINS AVAILABLE FOR OTHER BROTHERS AND SISTERS, REPAYMENT OF THE MONEY GIVEN IS EXPECTED

Signature: _____

Date: _____