

Retiree Emergency Assistance Program

Program Overview

The YMCA Retirement Fund's Retiree Emergency Assistance Program provides grants to YMCA retirees who are in a financial crisis. The program is supported by a generous gift from Peter E. Berger and the Harold C. Smith Fundraiser.

Eligibility Guidelines You are eligible for a grant if ALL of the following statements apply to you: I receive an annuity from the YMCA Retirement Fund because of my past YMCA employment
□ I no longer work for the YMCA
☐ My financial crisis was triggered by one or more of the following emergencies:
 Health: Expenses, not covered by insurance, incurred by me, my spouse and/or my dependents Examples include itemized bills from medical, dental, or pharmaceutical providers (Cost of cosmetic dentistry and the cost of health insurance are excluded) Shelter: Expenses to prevent foreclosure/eviction from my primary residence
 Natural Disaster: Expenses, not covered by insurance, incurred to repair damage to my primary residence due to an act of nature or FEMA-declared disaster Examples include tornado, fire, earthquake or flood
 Other: Expenses to alleviate other financial crises that impede the ability to maintain a sustainable quality of life
☐ I have itemized these bills for emergency expenses incurred within the last twelve months
□ I am NOT a member of YMCA Alumni*
*Retirees who are members of YMCA Alumni may be eligible to apply for Emergency Assistance Fund (EAF) grants. Go to <u>www.ymcaeaf.org</u> for additional information and an EAF grant application.

Evaluation Process

Applications will be reviewed by Y Retirement's Retiree Emergency Assistance Program Committee. If your application is approved, grants may cover all or a portion of your request. Each eligible applicant may receive up to \$5,000 in grants over their lifetime.

Mail your completed application and documentation to the YMCA Retirement Fund, Attn: Retiree Emergency Assistance Program, 1177 Avenue of the Americas, New York, NY 10036-2714. You must attach supporting documentation in order for your application to be considered.

Some examples of documentation include:

- Health: Bills or estimates included in a treatment plan from medical providers (Explanation of Benefits (EOB) will not be accepted)
- · Shelter: Notice or warning of foreclosure or eviction
- Natural Disaster: Bills from FEMA or contractors' estimates/quotes
- · Other: Bills or estimates related to financial crisis affecting quality of life

If the Committee approves your request, *our goal* is to send a check to you within 15 business days of receipt of your completed application and supporting documentation. If your request is not granted, you will be notified in writing.

YMCA Retirement Fund 1177 Avenue of the Americas, New York, NY 10036-2714 Tel 646-458-2400 or 800-RET-YMCA

www.yretirement.org



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Name		
Contact or Representative (i	f different from person named)	
Address		
City, State, Zip		
	Mobile	
Amount of Grant Requested	\$	 _ (Max Grant Allowance: \$5,000)
I meet all of the Eligibility Re	quirements on page 1.	
YOUR SIGNATURE		 Date//
Please list your supportin	g documents.	

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