CLUB OF HEARTS, INC.

EMPLOYEE EMERGENCY FUND APPLICATION FIRES AND NATURAL DISASTERS (RETIREE)

(Use this form to apply for emergency cash for fires or other natural disasters.)

GENERAL INFORMATION

Recipient's Name		Reti	ree's Name and Relationsh	ip to Recipient	i
Recipient's Home/Cell Phone Number		Date of Retirement (Month and Year)		Age at Retirement	
r		ber of Years of Service Earned in hern Company Pension Plan		Company Retired From	
List names of Spouse, Dependent Chi	ldren and C	Other	Household Members living	with you	
Name	Date of Birth		Name		Date of Birth
Is your spouse a Georgia Power or Se	outhern Co	mpan	y employee or retiree? □N	To Yes	Not Applicable

Application Instructions

SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF BENEFITS. ANY AWARD OF BENEFITS IS SUBJECT TO THE ABSOLUTE DISCRETION OF THE CLUB OF HEARTS, INC. ALL APPLICANTS WILL BE NOTIFIED IN WRITING OF THE CLUB OF HEARTS BOARD'S DECISION TO APPROVE/DENY THE REQUEST. IF THE SUBMITTED APPLICATION IS NOT COMPLETE, IT WILL BE DENIED. PLEASE SEE THE CLUB OF HEARTS' EMPLOYEE EMERGENCY FUND GUIDELINES FOR MORE INFORMATION ABOUT ELIGIBILITY AND THE APPLICATION REVIEW PROCESS.

In applying for Employee Emergency Fund assistance, the Club of Hearts management and board **may** need to ask additional questions about your personal situation to make an informed decision. We also reserve the right to obtain additional information from the applicant, or other sources, while reviewing the request in order to verify the reported employee need/emergency.

The Employee Emergency Fund Guidelines are posted on the Club of Hearts website. Carefully review these guidelines as they are part of the application.

https://www.georgiapower.com/community/community-and-civic/club-of-hearts.html (external)

Please follow the directions below in completing your application.

- 1. Completely fill out the application, including all information regarding family members (or others such as live-in companions) living with you, and submit the completed and signed application along with **copies** (not originals) of the following:
 - Documentation regarding your emergency situation (i.e. copy of local fire department report showing proof of fire, etc.) and what caused it.
- 2. Return the application with all supporting documentation to Club of Hearts via one of the ways listed below:

Mail to: Club of Hearts Scan/email to: <u>clubhear@southernco.com</u>

Bin 10042

241 Ralph McGill Blvd. **Fax to:** 404-707-2530 Atlanta, GA 30308-3374

EMPLOYEE EMERGENCY FUND APPLICATION – FIRES AND NATURAL DISASTERS (RETIREE)

Date of Application		Have you	or any of your dependents ever received EEF funding?		
	equested (maximum	□No			
amount is \$3,000)		□ Yes	If yes, please tell us when and why?		
expenses associa associated with the sixty (60) days o	ted with fires, tornad- he event must be sub- if submission of this I	oes or othe nitted via t Employee I	2000 may be granted for the specific purpose of covering immediate er acts of nature. Any request for additional funds to cover expenses the General Employee Emergency Fund Application (Retiree) within Emergency Fund Application – Fires and Natural Disasters (Retiree) earts Board of Trustees.		
Describe the recent catastrophic event that caused the financial hardship and the resulting expenses. Be as detailed as possible with the description.					
uctaneu as possi	ible with the descript				
NOTE: Any re	cinient of an emerge	ncy cash c	contribution of up to \$3,000 shall be required to provide a summary		
of expenditures disbursement to	and supporting reco	eipts to C	Club of Hearts within thirty (30) days following the date of s in compliance with federal laws governing nonprofit organizations. have not been used for the purposes for which they were granted.		
Please initial tha	at you have read and	l acknowle	edge your understanding of these requirements before applying.		
I ag	ree to abide by these	requiremen	nts.		

Declaration of Truth

I declare under penalties of perjury that I have examined this Employee Emergency Fund Application – Fires and Natural Disasters (Retiree), including any accompanying schedules and statements, and to the best of my knowledge and belief, such documents are true, correct and complete. Furthermore, I understand that if I have knowingly provided any false information, the situation will be turned over to the appropriate company entities for further investigation and action.

If I receive a cash contribution for immediate expenses, I also agree to provide a summary of expenditures and supporting receipts to Club of Hearts within thirty (30) days following the date of disbursement. In addition, I understand I am required to return any funds that have not been used for the purposes for which they were granted.

☐ I would like to remain anonymous.	
☐ I give my permission for the Club of Hearts to ref employee groups.	ference my EEF situation during presentations to
☐ I give my permissions for the Club of Hearts to use to employee groups.	my name and EEF situation during presentations
Recipient/Retiree Signature	Date