

# LONG ISLAND TEACHERS BENEVOLENT FUND

100 So. Main Street  
Suite 205  
Sayville, New York 11782

## APPLICATION FOR FINANCIAL GRANT FOR CATASTROPHIC LOSS

**ELIGIBILITY:** Dues paying 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 is a \$600 grant and 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.

**APPLICATION PROCESS:** Dues paying 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: \_\_\_\_\_ NYSUT ID #: \_\_\_\_\_

Local name and #: \_\_\_\_\_

Member Mailing Address: \_\_\_\_\_

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

### **PLEASE CHECK REASON FOR FINANCIAL NEED:**

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

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

Total Expenses: \$ \_\_\_\_\_ **(Must submit bills that exceed \$3000.00)**

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

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

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

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

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

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

Total Expenses: \$ \_\_\_\_\_ **(Must submit bills that exceed \$3000.00)**

Personal Catastrophe (such as loss of home by fire)

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

Total Expenses: \$ \_\_\_\_\_ **(Must submit bills that exceed \$3000.00)**

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: \_\_\_\_\_

Local Name: \_\_\_\_\_ Local #: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is the applicant currently a dues paying member of the local? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this application meet "dire" need? Yes \_\_\_\_\_ No \_\_\_\_\_

Why Yes or No: \_\_\_\_\_

**Note: Grant does not cover insurance copays or deductibles.**

**Mail To:** Long Island Teachers Benevolent Fund, 100 South Main Street, Suite 205, Sayville, NY 11782