



## Application

This is an Application for financial assistance from the Tim Logsdon Employee Assistance Fund (the "Fund") due to expenses incurred as a result of a qualified disaster. Please see the Memo to Employees dated February 19, 2021 for more information about the Fund.

To apply, you must complete the *Employee Information, Eligibility and Certification*, and at least one of the *Reimbursable Expenses* sections below.

Please submit this application to [PLMtleaf@kroger.com](mailto:PLMtleaf@kroger.com). Feel free to contact Lauren Fleming in the PL Marketing ("PLM") Human Resources Department with any questions at (513) 589-4774.

### ***Employee Information***

Name (First, Middle Initial, Last): \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Length of employment with PLM: \_\_\_\_\_ (employees must be employed with PLM for 90 days before becoming eligible for assistance from the Fund)

### ***Qualified Disaster Assistance – Eligibility***

In order to receive an assistance payment from the Fund, you must have been affected by a qualified disaster. A qualified disaster is (i) a federally-declared disaster, including a presidentially-declared disaster such as a hurricane, wildfire or emergency, (ii) a disaster that results from an accident of a common carrier such as a plane crash, (iii) a disaster that is a terroristic or military act, or (iv) any other qualified disaster under Internal Revenue Code Section 139(c). A list of presidentially-declared major disasters and emergencies can be found at <https://www.fema.gov/disasters/disaster-declarations>. However, COVID-19 related expenses are not eligible for reimbursement from the Fund.

Please check the box confirming that you are requesting assistance for a qualified disaster and fill in specific information about the disaster.

I have been affected by a qualified disaster.

Disaster type (e.g. tornado, flooding, hurricane, wildfire, etc.):

\_\_\_\_\_

Geographic disaster location (specify state, city and county): \_\_\_\_\_

Date that disaster impact began: \_\_\_\_\_

### ***Reimbursable Expenses – Qualified Disaster***

Reasonable estimates can be used, but you may not request reimbursement in excess of your expenses. The total amount of assistance you request should be the sum of each expense category you complete below. Note that the Fund will not reimburse COVID-19 related expenses.

#### ***Medical Expenses – Only expenses not being reimbursed by insurance or other grants***

I, my spouse or my dependent(s) have unreimbursed medical expenses due to a qualified disaster (up to \$2,000) \$ \_\_\_\_\_

#### ***Repair of a Personal Residence***

Expenses incurred for the repair or rehabilitation of my personal residence or its contents due to the impact of a disaster (up to \$2,000)  \$ \_\_\_\_\_

#### ***Temporary Living Expenses***

Temporary living expenses due to disruption and/or displacement from my primary residence, including costs for housing, food, clothing, and transportation incurred while displaced.  Displacement can result from an evacuation order, uninhabitability, or loss of access to the residence caused by the disaster (up to \$1,000)

Check box for all that apply:

List total amount requested at end

Housing \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_

**TOTAL temporary living expenses requested:**

\$ \_\_\_\_\_

#### ***Funeral Expenses***

Funeral or cremation expenses for the employee, his or her spouse or dependent(s), who dies due to a qualified disaster (up to \$500)  \$ \_\_\_\_\_

#### ***Psychological Counseling***

Psychological counseling needed due to the effects of the disaster on my mental health or the mental health of my spouse or dependent(s) (up to \$150)  \$ \_\_\_\_\_

**TOTAL Assistance Requested:**

**\$** \_\_\_\_\_

***Employee Certification***

- I certify that the information I have provided on this application is true and accurate, and that I am requesting payment of reasonable and necessary expenses incurred or will incur due to a qualified disaster and that I have financial need for assistance.
- I certify that the amounts I'm requesting are not more than my actual and/or anticipated expenses.
- I certify that I will not be reimbursed for these expenses through any other program or insurance, and I agree that I will return any payments I receive from the Fund that are later covered by insurance or otherwise reimbursed.

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

Committee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_