

# **SCEA Assistance Fund**

## ***Friends Helping Friends!***

The Safeway Companies Employee Association provides special benefits to its members, one of which is the SCEA Assistance Fund. We all struggle with the challenge of balancing our home life and work life, and Safeway gives its employees the opportunity to enhance both their work and home environments. The SCEA Assistance Fund offers financial help if you find yourself in a crisis due to a catastrophe. It's *Friends Helping Friends*. Thousands of our members have been grateful to have SCEA there to give them support through difficult times. When fellow SCEA members need assistance, your donations will help comfort them as well.

### **OVERVIEW**

A request for financial assistance may only be submitted by the member in need. For employment verification, all requests for SCEA assistance must be submitted to the SCEA Coordinator by the member's District Manager (store level) or Facility Manager (office or support facility). These managers do not approve or decline applications; they merely verify employment status.

Applications are available from your SCEA office or Store/Facility Manager. These applications are submitted to the "Assistance Committee," comprised of SCEA Council members, for approval. Because all SCEA donations are tax free, the IRS requires documentation of the need.

A member's mismanagement of personal funds, home mortgage problems, auto repairs, moving expenses, legal fees or financial problems resulting from marital discord are not reasons for receiving SCEA assistance. Since most of our employees work part-time and are guaranteed a minimum of hours, we cannot subsidize income when additional hours are not available. SCEA will offer referrals to those members when outside assistance is needed. The Employee Assistance Fund (EAP), United Way, Social Services, Credit Union, etc., can offer counseling. Granting of assistance, in any amount, is within the sole discretion of the Assistance Committee.

Each application must meet one of the two criteria listed below for acceptance. As mandated by the IRS, documentation of the need must accompany each request. All money donated to SCEA members must be for the member or the member's immediate family, that is, a spouse, child or parent. A sibling is considered if living with the employee. SCEA does not have the finances to cover expenses for extended family members.

### **ELIGIBILITY**

To be eligible for the SCEA Assistance Fund, the applicant must be a member of the SCEA and has paid weekly dues for a minimum of three months prior to applying for monetary assistance. The request must be for a crisis that occurred while the employee was a member. A member is eligible for assistance once every two years. Documentation of the crisis and need must accompany the request.

#### **1. BEREAVEMENT**

In the event of an immediate family member's death (spouse, child or parent), if the burial expense or the cost of traveling to the funeral proves to be a financial hardship, a donation will be made to the member to help with those expenses.

#### **2. CATASTROPHIC LOSS**

A catastrophic and unexpected loss, placing a financial threat to the employee and his/her family, may provide a basis for financial assistance. For example:

- Major medical bills not reimbursed by insurance;
- Loss of income or personal belongings due to a catastrophe such as an earthquake, fire, flood, etc. not covered by insurance; or
- Loss of primary family income due to death, loss of employment through permanent layoff, or other involuntary separation. Loss of employment or layoff of the SCEA member for any reason is not a basis for an assistance request.

If you have any questions concerning a request, please contact your SCEA office. Other circumstances not outlined above may provide a basis for assistance and will be evaluated by the Assistance Committee.. Be assured that all requests are confidential. Fax the completed form to your SCEA office. Your division's SCEA contact information is available at [www.onlinescea.com](http://www.onlinescea.com) or from your store/facility manager.

*Updated 2/08*

# REQUEST FOR SCEA ASSISTANCE

**Only SCEA Members May Apply**

**Form must be completed in full.**

**If not completed, form will be returned to you for completion.**

**Date Submitted: \_\_\_\_\_**

*Fax completed form to your division's SCEA office*

\_\_\_\_\_  
Store/Facility Manager's Signature

\_\_\_\_\_  
District/Division Manager's Signature

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date of Hire

\_\_\_\_\_  
Store# or Facility

\_\_\_\_\_  
Amount Requested

## DETAILS

Please give details of the crisis.

Documentation must accompany request.

You must meet qualifying guidelines printed on back of this sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this crisis covered by insurance? \_\_\_\_\_

How will the donation be used? \_\_\_\_\_

Is a referral needed for additional assistance (Social Services, United Way, etc.)?

YES \_\_\_\_\_ NO \_\_\_\_\_

Prior Recipient? YES \_\_\_\_\_

NO \_\_\_\_\_

If yes, when? \_\_\_\_\_

Reason? \_\_\_\_\_

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## FOR SCEA USE ONLY

APPROVED \_\_\_\_\_ DECLINED \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_