**Employee Hardship Fund**

**Warwick Mechanical Group (the “Company”)**

**Executive Summary**

**Mission:** The Warwick Mechanical Group Employee Hardship Fund (the “Fund”) will provide monetary support to assist associates following a natural disaster or series of sudden or unexpected events or circumstances beyond the associate's reasonable control. The Fund's primary focus is responding to emergency needs in order for the Company's associates to meet basic living necessities. The Fund seeks to provide financial assistance to address uninsured needs not covered by other Company or community programs.

**Eligibility and Application:** All full-time employees of the Company are eligible for assistance from the Fund. The application process includes submission of an application form, as well as providing documentation of need and proof of the employee's inability to respond to the emergency hardship.

**What is Covered:** Emergency hardships that are eligible for coverage by the Fund include: Losses caused by a natural disaster, including fire, earthquake, tornado, flood or hurricane ; Medical expenses caused by severe illness or accident; Death in the immediate family- defined as spouse and dependent children (as defined by IRS regulation); Rent or mortgage payments when facing eviction from primary residence; Critical home repairs necessary to meet basic living necessities, or to prevent condemnation or eviction; and relocation expenses in order to escape domestic abuse, including first and last month's rent and deposit.

**Administration:** The Fund will be administered by the Peninsula Community Foundation of Virginia, who will review applications and allot grants.

**Fund Distribution:** Assistance provided by the Fund will be administered by checks payable to specific service providers (i.e. landlords, hospitals, funeral homes) on behalf of employee. Absent extenuating circumstances, checks will not be written directly to employees. A maximum of $5,000 per year will be awarded and there is a lifetime limit of $10,000 per employee.

**Contributions:** The Fund will be supported by contributions from the company, as well as contributions from time to time by the employees. Funds may not be earmarked for a particular individual.

# **Plan Document**

### Article I

### Mission Statement

The Fund will provide monetary support to assist employees following a natural disaster or series of sudden or unexpected events or circumstances beyond the employee's reasonable control.

The Fund's primary focus is responding to emergency needs in order for the Company's employees to meet basic living necessities. The Fund seeks to provide financial assistance to address uninsured needs not covered by other Company or community programs.

The Fund is supported by contributions from the Company, as well as discretionary contributions from time to time by the employees.

The Fund shall not be used as a tool for recruiting, retaining or in any other way influencing employee behavior.

### Article II

### Eligibility

All active full time employees of the Company are eligible to apply for assistance from the Fund regardless of how long they have been employed. In order to receive grants from the Fund, employees must be in need of immediate assistance for basic living necessities in connection with a natural disaster or series of sudden or unexpected events or circumstances beyond the employee’s reasonable control, which is not covered by insurance or by other Company or community programs.

Grants will be awarded according to need in amounts not to exceed $5,000 per year, with a lifetime limit of $10,000. Multiple applications to the Fund may suggest improper money management; in which case, the Fund Manager may deny an award or require credit counseling as a condition to receiving additional aid.

### Article III

### Determination of Need

The Fund Administrator will assess "need" in an objective, non-discriminating fashion after full consideration of the circumstances particular to the employee experiencing a financial hardship. The Fund Administrator will determine if the employee's situation is of such a magnitude or severity that it is unlikely that the employee has sufficient resources to satisfy basic needs without assistance.

### Article IV

### Hardships Covered by the Fund

Employees may apply for financial assistance in connection with an emergency financial hardship occurring for reasons beyond the employee's reasonable control related to or arising out of one of the following:

* Losses caused by a natural disaster, including fire, earthquake, tornado, flood or hurricane.
* Death in the immediate family- defined as spouse and dependent children (as defined by IRS regulation).
* Rent or mortgage payments when facing eviction from primary residence.
* Critical home repairs necessary to meet basic living necessities, or to prevent condemnation or eviction.
* Relocation expenses in order to escape domestic abuse, including first and last month's rent and deposit.

### Article V

### Grant Awards

Assistance provided by the Fund will be administered by checks payable to specific service providers (i.e. landlords, hospitals, funeral homes) on behalf of the employee. Absent extenuating circumstances, checks will not be written directly to employees.

### Article VI

### Limitations

The Fund will not provide monetary support for employees experiencing financial hardship in connection with or arising out of the following situations:

* Indebtedness caused by an employee's financial mismanagement.
* Vacation expenses or voluntary leaves of absence from work.
* Income tax liability.
* Cosmetic surgery, including dental and eye procedures.
* Attorney fees, except when related to hardships covered in Article IV.
* Divorce, marriage or adoption fees.
* Insured losses or payment of insurance premiums.
* Phone bills or TV cable fees.
* Normal health maintenance costs.
* Car maintenance, repair or payments.

### Article VII

### Selection Criteria

The Fund Administrator shall prioritize applications based upon the following:

* Applicants who are the victims of natural disasters.
* Applicants with no permanent housing or are in danger of losing permanent shelter.
* Applicants who lack the financial resources to provide basic living necessities such as food and clothing.
* Applicants who are temporarily not self-sufficient as a result of a sudden and severe personal or family crisis.
* Applicants who have incurred sudden extraordinary medical expenses on their own behalf or on behalf of members of their immediate families.

### Article VIII

**Proof and Documentation Required in Application**

In order to receive assistance from the Fund, employees must provide documentation that the emergency situation has caused the employee’s financial hardship that cannot be covered by their income, savings, 401K, etc. In considering an employee's financial need, the Fund Administrator shall consider evidence of employees' financial condition such as available cash, expenses, other financial obligations, assets that can be disposed of without causing further personal hardship and anticipated cash flow (income, insurance proceeds, etc.). This information will be considered to determine whether such resources are insufficient to provide for payment of existing obligations and meeting basic living requirements. The Fund Administrator may request documentation of all income and all expenses, as well as a written, signed explanation of how the hardship has impacted household finances.

**Required documentation may include:**

* Documentation of the employee’s household's total monthly income including spouse's income (if applicable,) including copies of:
* Most recent tax return
* Household monthly expense receipts
* Household bills (including utilities, credit card receipts, child care expenses, car payments, rent or mortgage and tuition payments or other educational expenses)
* Official documentation of the emergency incident which has caused financial hardship, including (if applicable:)
* Health care provider bills
* Estimate on repairs
* Physician's statement (including dates when unable to work)
* Co-pays for doctors' visits and prescription drugs
* Police report
* Death certificate
* Eviction notice
* Notice of utilities cut off

# **Article IX**

# **Application Process**

Employees must print out and complete the application form available to employees at an area designated by the Company. The application form must be signed by an Authorized Representative of the Company. The completed application and requested documentation will be submitted to the Fund Administrator by the employee.

Under circumstances where the employee is incapacitated and unable to apply personally, a representative of the employee (such as a spouse, child, parent, or friend of the family) may submit an application on behalf of the employee.

# **Article X**

# **Fund Administrator**

The Fund will be administered by the Peninsula Community Foundation of Virginia, Inc.

# **Article XI**

# **Privacy**

The privacy of the employee requesting assistance from the Fund should be maintained to the extent practicable.

# **Article XII**

# **Contributions**

Contributions may take the form of payroll deductions. The contribution form is available to employees at an area designated by the Company. Contributions may not be earmarked for a specific individual.

The Fund will be supported by contributions from the company, as well as contributions from time to time by the employees.