



Chapter 48 Member Assistance Fund Criteria

This is a program within OSEA Chapter 48 that provides emergency assistance to members in need due to death, serious illness or injury, or disaster. The request will be evaluated and a possible award of up to \$300 may be granted.

The following criteria must be met by the individual who will receive the funds:

1. Individual receiving assistance must be an active OSEA member in good standing at the time of the request.
2. Member assistance must directly impact the financial situation of the member.
3. May only receive assistance once in a 12-month period.
4. Extenuating circumstances will be considered on an individual basis; however, requests for strictly financial difficulties are not eligible.

Examples:

Serious Illness or Injury: Health condition should bar the member from working for an extended period of time. Members with Worker's Compensation claims will not be considered eligible.

Disasters: Examples of disasters that may qualify are such things as flood, fire, and other acts of nature. The damage sustained must not be covered by insurance or any other relief agency. This fund does not cover insurance deductibles.

Death: Death of a spouse/partner or child..... These funds may be used for funeral costs if there is an immediate financial need to the member that is not covered by an insurance reimbursement.

Process: A WSR or Chapter Officer should sign the form. It should be sent by Inter-district mail or email to- OSEA Chapter Assistance Chair – Dianna Hess – SPED Office. It will be reviewed by the Executive Board who will call the member to verify the situation. If the request is denied, a letter will be sent to the member or the Chapter officer making the request within five days. If the request is approved, a check will be cut and sent with a letter to the member with a copy to the member within three days of the approval.



**APPLICATION FOR OSEA CHAPTER 48
MEMBER ASSISTANCE FUND**

Name of member in need of assistance _____

Work site _____

Give details of circumstances that have led to the need for assistance – **SEE CRITERIA.**
Include any information you believe would help in making a decision on this request.

Have other agencies been contacted for assistance? Yes _____ No _____

Are you out of sick leave? _____ If so, have you applied for the Personal Day Donation? _____

Chapter Officer or WSR requesting aid:

Mail check to (required):

Printed name _____

Name _____

OSEA office held _____

Address _____

Signature _____

Phone _____

– OSEA Chapter 48 Office Use Only –

Approved _____ Denied _____

Inter-district mail or scan this form to:
OSEA Chapter Assistance Chair – Dianna Hess – SPED Office