



# GRANT APPLICATION FAQS

## What is the Comfort Cares Employee Relief Fund?

The fund was created to help employees facing financial hardship immediately after a natural disaster or an unforeseen personal hardship. The Comfort Cares Employee Relief Fund relies primarily on individual donations from employees and support from Comfort Systems, Inc. for funding. Every contribution helps, and when combined with the donations of others, can provide a tax-free grant to help a fellow employee in need when they are facing the unexpected.

## Who can apply for assistance from the fund?

Applicants must meet two of the following:

- Employed by Comfort Systems or one of its subsidiaries on the date of the application.
  - AND -
- Have active employment status; or
- Be on approved medical leave or approved leave of absence for less than one year.

## How large of a grant can I apply for?

The maximum amount available for each incident is \$2,000. The minimum amount that can be requested is \$500.

## What are the criteria to qualify for a grant?

While there are many factors which determine if a grant can be made, the review and approval process is designed to try to fund each grant when possible. To meet regulations of an objective review process, the simplest first step is to determine if your situation meets the most basic criteria.

Start by answering the follow questions:

1. Did one of the funds events in the chart below happen to you?
2. Would your application meet the following general criteria?
  - Are you applying within 270 days after the Event?
  - Application submissions are limited to 1 every 12 months.
  - If an application is not approved, did you wait 6 months before reapplying?
3. Did you have one or more of the expenses related to the event that is part of the fund criteria in the chart below?
4. Do you have the documentation for the event and expenses which provide the necessary details such as date of the expense, person responsible for bill and other details listed in the application?
5. Is the event documentation within 60 days of the application date?
6. While there are some additional criteria, applications that do not meet these basic criteria cannot be approved.

The Qualified Events/Expenses Matrix on the next page is a complete listing of Events and Expenses. The Expenses which are eligible depend on which Event occurred and the "ffi" indicates which expenses are associated with each Event.

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Comfort Cares Employee Relief Fund		Qualified Expenses that are covered by grants																					
		Misc				Medical		Housing *							Transportation **			Misc					
		Food – immediate needs only (usually applicable up to 2-4 weeks after the Event)	Clothing – immediate needs only (usually applicable up to 2-4 weeks after the Event)	Reasonable evacuation expenses resulting from an Event	Reasonable funeral, travel and burial expenses.	Significant medical expenses not eligible for insurance reimbursement	Prescription medications not covered by insurance	Travel expenses related to the medical care	Rent: temporary housing up to 30 days	Reasonable repairs to damaged property	Essential appliances and furnishings	Essential utilities (gas, water and electricity)	Security deposits (for new housing if unable to inhabit existing home)	Mortgage or rent assistance for primary residence	Adaptive improvements and solutions related to the Event	Repairs other than routine maintenance, or repairs that could not have been avoided	Cost of public or commercial transportation	Cost of car rental up to 30 days	Psychological counseling deemed by a physician to be necessary following an Event	Expenses resulting from flight from domestic violence such as temporary housing, etc.	Unable to work due to the event	Unexpected child care up to 60 days	
DATE APPROVED __/__/2018																							
Qualified Events that are covered by grants	Natural disaster such as flood, wildfire, tornado, earthquake, tsunami, volcanic eruption, blizzard, drought, cyclone, hurricane, typhoon or severe storms.	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
	Government (national/state) declared disaster, or determined the event was catastrophic	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Presidentially declared disaster (USA)	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Terrorist actions	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Disaster resulting from an accident involving a common carrier such as buses, trains, ferry, planes or trucks	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Any event that the U.S. Secretary of the Treasury determined is catastrophic (USA)	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Military Deployment (employee, spouse or domestic partner called to active duty)	✓							✓			✓		✓						✓			✓
	Impacts primary residence: fire, flood or unusual life-altering expense not covered by insurance	✓	✓						✓	✓	✓	✓	✓	✓									
	Serious illness or injury – not covered by insurance	✓	✓			✓	✓	✓				✓		✓						✓		✓	✓
	Non-routine/exceptional medical expense – not covered by insurance					✓	✓	✓												✓			
	Victim of a violent crime					✓	✓	✓												✓		✓	
	Domestic abuse																			✓	✓		
	Death of employee or their immediate family member				✓															✓			
Emergency Assistance Foundation, All Rights Reserved, 2017		ver 1720							* Primary residence only and excluding insurance deductibles							** Excludes insurance deductibles			ver 1720				

## Who does the Comfort Cares Employee Relief Fund include as eligible dependents?

The Comfort Cares Employee Relief Fund considers the employee's spouse/domestic partner, minor children and other dependents for whom the employee is financially responsible as eligible dependents. Parents, grandparents or other relatives are not considered dependents, unless the employee can show that they are claimed as a dependent on the employee's IRS (or government) tax returns. A domestic partner is defined as "an on-going and committed spouse-like relationship between adults of the same or opposite gender."

## What does "Unable to work due to the event" mean?

An applicant is "unable to work due to the event" when they are forced to take 5 or more days off from work. These days off must be either due to a serious illness or injury of the applicant or their dependent, or due to the applicant being a victim of a violent crime.



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## What expenses are not covered?

Only the expenses included in the qualified events matrix above meet the grant criteria. Grants are not available for other expenses.

## Which family members does the Comfort Cares Employee Relief Fund consider as eligible immediate family?

An applicant may be eligible for assistance in the event that he or she is financially responsible for funeral, burial or travel expenses due to the death of an immediate family member. The Comfort Cares Employee Relief Fund defines an eligible immediate family member as any of the following:

- Spouse or partner in a civil union or domestic partnership
- Parent
- Child
- Sibling
- Grandparent
- Grandchild
- Spousal grandparent
- Aunt, uncle, niece or nephew
- Father in law or mother in law
- Brother in law or sister in law
- Son in law or daughter in law

## What is the turnaround time to process a grant application?

Normally, within 10 business days or less. The Comfort Cares Employee Relief Fund is administered by Emergency Assistance Foundation, Inc. (EAF) which is a 501c(3) tax-exempt, public, nonprofit organization with IRS approval specifically for Employee Hardship and Disaster Relief Funds. EAF strives to maintain a quick response time from the time they receive a complete application. However, processing time will be extended in cases where documentation or signatures are missing, or if other information is needed. Please take care to double check your application before sending it for review. You will be notified if there is missing information from your application.

## How will I be notified of the decision?

The Emergency Assistance Foundation will notify you by email when your application is approved, missing information, or documentation, or not approved.

## Are funds received as a grant taxable?

No. Grants received in the U.S. are not considered part of your taxable income. Outside of the U.S. they may or may not be taxable.

## Do I have to repay the grant?

No. Amounts granted under the fund are not loans and do not have to be repaid.



## **What information does the Fund need when reviewing an application?**

In each case, the Comfort Cares Employee Relief Fund requires a completed application form along with required documentation needed regarding the qualifying incident. The application must establish a financial need and document the expenses for which the grant is being requested. Payments cannot be made without copies of current bills or invoices.

## **Will my information remain confidential?**

Yes. Your personal information is only used to determine your eligibility for a grant and to determine the grant amount to be made. Applications to the Fund are reviewed by Emergency Assistance Foundation, Inc. and will be treated in a confidential manner; however non-identifying statistical information will be reported to Comfort Systems USA, Inc. on a periodic basis to help it improve the fund.

## **I borrowed money from my friends and family to help me get caught up on my bills. Will the Comfort Cares Employee Relief Fund reimburse me so that I can pay them back?**

No. The Comfort Cares Employee Relief Fund is available for those employees who do not have the means themselves or other resources available to pay their living expenses.

## **Can I apply on behalf of another employee?**

No. If you think a co-worker would benefit from the Comfort Cares Employee Relief Fund, please pass along information about the Fund so that he or she can follow up. In the case of an employee who is incapacitated, a family member or manager can apply on the employee's behalf.





PLEASE FILL OUT THIS APPLICATION LEGIBLY AND IN FULL. INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE CONSIDERED.

## Comfort Cares Employee Relief Fund Grant Application

The Comfort Cares Employee Relief Fund was created to help employees who are facing financial hardship immediately after a qualifying disaster or unforeseen personal hardship. The grant application must be submitted within 270 days of the event. Application eligibility and grant amounts are not based on the applicant's donation history. An applicant can only receive a grant for financial assistance once within a 12-month period. In the case of an application that is not approved, the applicant is eligible to submit a new application for a different event after six months.

### FINANCIAL ASSISTANCE

Grants from the Comfort Cares Employee Relief Fund are intended for employees who are most vulnerable to financial distress caused by a qualifying event. The size of each grant is based on the need expressed in the application, the criteria set forth, and the health of the fund. The maximum amount available for each incident is \$2,000 and the minimum amount that can be requested is \$500. Refer to the Application FAQs for more information. Whenever possible, grants are paid to vendors, rather than the individual applicant.

### GRANT APPLICATION PROCESS

The Comfort Cares Employee Relief Fund and the application review process is administered by the Emergency Assistance Foundation, Inc. Comfort Systems and Emergency Assistance Foundation, Inc. are committed to protecting the confidentiality and security of personal information that Emergency Assistance Foundation, Inc. may receive in connection with the Comfort Cares Employee Relief Fund; however, Comfort Systems will verify employment and Leave of Absence status only. Emergency Assistance Foundation, Inc. will use and otherwise process personal information in accordance with and for the purposes described in the Privacy and Cookie Statement.

**Applications will not be considered until they are complete.** Once they are submitted the normal turnaround time is within 10 business days. Keep a complete copy of the application for your personal records.

If the application is approved, the Comfort Cares Employee Relief Fund will issue a grant according to the need determined. Whenever possible, grants are paid to vendors, rather than the individual applicant.

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☐ **By checking this box, I confirm that I am: (you must check the boxes that applies to you):**

- Employed by Comfort Systems USA or its subsidiary on the date of the application; and
- Active employment status; or
- on approved medical leave or an approved leave of absence for no more than one year.

Initials \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit your completed and signed application with supporting documentation to:

✉ [ComfortCaresFund@EmergencyAssistanceFdn.org](mailto:ComfortCaresFund@EmergencyAssistanceFdn.org)  
Fax: 888.303.4369

If you have questions contact Emergency Assistance Foundation, Inc. at:

✉ [ComfortCaresFund@EmergencyAssistanceFdn.org](mailto:ComfortCaresFund@EmergencyAssistanceFdn.org)  
☎ 888.303.4369



PLEASE FILL OUT THIS APPLICATION LEGIBLY AND IN FULL. INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE CONSIDERED.

## APPLICANT INFORMATION

Full Name (as it appears on legal documents): \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

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

Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal code / ZIP code: \_\_\_\_\_

Is your primary residence? ☐ Owned ☐ Rented ☐ Other

If, because of the disaster, you cannot receive mail at your home, provide another mailing address below:

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

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal code / ZIP code: \_\_\_\_\_

**Marital Status:** (Check one) ☐ Single ☐ Married / Domestic Partner ☐ Divorced / Separated

Eligible dependents include your spouse / domestic partner and dependents for which you are financially responsible. Proof of financial responsibility will be requested for other dependents listed, such as parents, grandparents and other relatives. A domestic partner is defined as "an on-going and committed spouse-like relationship between adults of the same or opposite gender."

Dependents names	Relationship	Age	Living with you
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

**OTHER FINANCIAL ASSISTANCE:** Please list details of other financial assistance you have sought or received.

**Assistance Requested (Check all that apply)**

☐ Homeowner's or renter's insurance

☐ Auto insurance

☐ Medical insurance

☐ Social service organization e.g. Red Cross, United Way, Goodwill, local government agency

☐ Federal Emergency Management (FEMA) or other government disaster relief organization

☐ Your religious community

☐ Family members

☐ Loan program

☐ Associate benefits

☐ Other

**Date Applied**

\_\_\_\_\_

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**Amount Received**

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

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

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

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

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

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

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

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

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

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

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



PLEASE FILL OUT THIS APPLICATION LEGIBLY AND IN FULL. INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE CONSIDERED.

**QUALIFIED EVENTS:** These are catastrophic circumstances that arise outside of the applicant's control and cause a financial hardship for the applicant. **Supporting documentation must be provided before the application can be considered**, such as proof of incident like a doctor's note, obituary, or police, fire or insurance report, etc.

## Comfort Cares Employee Relief Fund

Qualified Events that are covered by grants		Qualified Expenses that are covered by grants																				
		Misc				Medical		Housing *						Transportation **			Misc					
		Food – immediate needs only (usually applicable up to 2-4 weeks after the Event)	Clothing – immediate needs only (usually applicable up to 2-4 weeks after the Event)	Reasonable evacuation expenses resulting from an Event	Reasonable funeral, travel and burial expenses.	Significant medical expenses not eligible for insurance reimbursement	Prescription medications not covered by insurance	Travel expenses related to the medical care	Rent: temporary housing up to 30 days	Reasonable repairs to damaged property	Essential appliances and furnishings	Essential utilities (gas, water and electricity)	Security deposits (for new housing if unable to inhabit existing home)	Mortgage or rent assistance for primary residence	Adaptive improvements and solutions related to the Event	Repairs other than routine maintenance, or repairs that could not have been avoided	Cost of public or commercial transportation	Cost of car rental up to 30 days	Psychological counseling deemed by a physician to be necessary following an Event	expenses resulting from night from domestic violence such as temporary housing, etc.	Unable to work due to the event	Unexpected child care up to 60 days
Natural disaster such as flood, wildfire, tornado, earthquake, tsunami, volcanic eruption, blizzard, drought, cyclone, hurricane, typhoon or severe storms.	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Terrorist actions	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Disaster resulting from an accident involving a common carrier such as buses, trains, ferry, planes or trucks	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Military Deployment (employee, spouse or domestic partner called to active duty)	✓							✓			✓		✓						✓		✓	
Impacts primary residence: fire, flood or unusual life-altering expense not covered by insurance	✓	✓						✓	✓	✓	✓	✓	✓	✓								
Serious illness or injury – not covered by insurance	✓	✓			✓	✓	✓				✓		✓						✓		✓	
Non-routine/exceptional medical expense – not covered by insurance					✓	✓	✓												✓			
Victim of a violent crime					✓	✓	✓												✓		✓	
Domestic abuse																			✓			
Death of employee or their immediate family member				✓															✓			
		* Primary residence only and excluding insurance deductibles												** Excludes insurance deductibles								

	Eligible Expense (that you circled above)	Briefly describe expense to be paid	Amount requested
1			\$
2			\$
3			\$
4			\$
Total			\$





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Additional Information	Yes	No
Do you have insurance coverage to assist with the requested expenses?		
Is the insurance company paying for any of your immediate needs?		
Will insurance reimburse you for any out-of-pocket basic living expenses?		
Were you evacuated from your primary residence?		
In this space or on a separate page, please explain anything else that would help in understanding the circumstances related to the event:		

#### **APPLICANT FINANCIAL INFORMATION**

Tax regulations require that there be a determination of need at the time the grant is made and to show that the grants are made for applicants that have difficulty paying the expenses that they face due to an unforeseen event. To assist with the evaluation of this grant, please complete the parts of the Financial Statement below that apply to you so as to show a current picture of the family finances. You may be asked to provide current pay stubs or other financial documentation.

This space is available if you wish to provide information about your need for the grant. Attach another page if you need more room.

**ASSETS:** (check one)

#### **TOTAL CASH AVAILABLE IN LOCAL CURRENCY**

**Local Currency Name** \_\_\_\_\_

☐ 0 - 4,000   ☐ 4,001 – 8,000   ☐ 8,001 – 12,000   ☐ 12,001 - 16000   ☐ Other, Enter Approx. Amount \$ \_\_\_\_\_

#### **ANNUAL HOUSEHOLD INCOME:**

Total gross annual household income (*before* any taxes or deductions)      \$ \_\_\_\_\_

#### **MONTHLY INCOME:**

*Monthly household income after any taxes and deductions in an average month, before the event causing you to apply for assistance*

**Total Monthly Income**      \$ \_\_\_\_\_

#### **MONTHLY EXPENSES:**

*Monthly household expenses in an average month, before the event causing you to apply for assistance*

**Total Monthly Expenses**      \$ \_\_\_\_\_



PLEASE FILL OUT THIS APPLICATION LEGIBLY AND IN FULL. INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE CONSIDERED.

**Share your Story to Help Others:** If you receive a grant, would you be willing to be contacted by an Comfort Systems representative to share your story/experience? Your full name, contact information, grant date and grant amount will be shared by Emergency Assistance Foundation, Inc. with Comfort Systems.

☐ Yes ☐ No

#### **AGREEMENT AND AUTHORIZATION**

I understand that no applicant is entitled to receive a grant, either by their employment, their history of contributions to the Comfort Cares Employee Relief Fund, or because of any precedent inferred from previous grants from the Fund. Grants will not be made before an associate has demonstrated an immediate financial need. This application will be treated in a confidential manner by the Emergency Assistance Foundation, Inc. ; however Comfort Systems will verify employment and/or Leave of Absence status only.

By signing below, you confirm that you have read and are consenting to the data collection, use, transfer, storage and other processing of personal information as described in Privacy and Cookie Statement that was provided to you with this application. Your personal information may be stored and processed by the Emergency Assistance Foundation, Inc. and its service providers in countries other than your country, including in Canada and the United States. Those countries may not have the same data protection laws as your country. To the extent that, in connection with this application, you have provided (or will provide) personal information to the Emergency Assistance Foundation, Inc. about your dependents, you certify that you have obtained their consent to the collection, use, transfer, disclosure, and processing of their personal information consistent with the Privacy and Cookie Statement and, for any individuals not legally competent to give consent, you consent on their behalf and confirm that you have the authority to do so.

I certify that the information provided in this grant application and any documentation is true and correct to the best of my knowledge as of the date this application is submitted. My signature below acknowledges and permits Emergency Assistance Foundation, Inc. to obtain or verify all information necessary to process this application. In its due diligence, if the Emergency Assistance Foundation, Inc. discovers any information to be untrue, it shall have the right to waive all confidentiality and report its findings to Comfort Systems. Any intentional misrepresentation or material omission of information or documentation contained in this application will result in forfeiting this and any future grant applications.

Applicant Signature \_\_\_\_\_

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



**PLEASE FILL OUT THIS APPLICATION LEGIBLY AND IN FULL. INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE CONSIDERED.**  
**DETAILED LIST OF BILLS FOR CONSIDERATION**

Please list the bills that you would like the Fund to consider paying on your behalf. These bills must relate directly to the qualified event that has caused your financial hardship. **They should match the eligible expenses you listed above.**

**Required Documentation:** For each vendor you list, please provide documentation such as copies of current bills, invoices, or other documents that show current amounts owed to vendors.

<b>1</b>	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity, medical)	
	Amount requested	\$

<b>2</b>	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity, medical)	
	Amount requested	\$

<b>3</b>	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity, medical)	
	Amount requested	\$

<b>4</b>	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity, medical)	
	Amount requested	\$

<b>5</b>	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity, medical)	
	Amount requested	\$

<b>6</b>	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity, medical)	
	Amount requested	\$



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PRINT ADDITIONAL PAGES AS NECESSARY

# Fax Cover Page

## Grant Application & Required Documentation

<b>To:</b>	Grant Review Team	<b>From:</b>	_____
<b>Fax:</b>	+1.888.303.4369	<b>Pages:</b>	_____
<b>Phone:</b>	+1.888.303.4369	<b>Date:</b>	_____

Documentation of your event and expenses must be provided before your application can be considered. Please provide your contact information:

✉ Email: \_\_\_\_\_

☎ Phone #: \_\_\_\_\_

*Enter details below to describe your supporting documentation.*

EVENT DOCUMENTATION: See page 2

EXPENSE DOCUMENTATION: (Write in your expenses)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_


OTHER

(describe)

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



PLEASE FILL OUT THIS APPLICATION LEGIBLY AND IN FULL. INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE CONSIDERED.

	<b>Check the box for your event</b>		<b><u>EVENT AND SUPPORTING DOCUMENTS REQUIRED</u></b>			
<input type="checkbox"/>	Natural disaster such as flood, fire, tornado, earthquake, tsunami, volcanic eruption, blizzard, drought, cyclone, hurricane, typhoon or severe storms.					
<input type="checkbox"/>	Terrorist actions					
<input type="checkbox"/>	Disaster resulting from an accident involving a common carrier such as buses, trains, ferry, planes or trucks					
<input type="checkbox"/>	Military Deployment (employee, spouse or domestic partner called to active duty)					
	Info you can provide:					
	Details the document must contain:					
<input type="checkbox"/>	Impacts primary residence: fire, flood or unusual life-altering expense not covered by insurance					
	Info you can provide:		Insurance report, police report, fire report, emergency responder report, any additional supporting documentation that you think may help explain the event such as photographs, etc., other			
	Details the document must contain:		<input type="checkbox"/> Date of the event	<input type="checkbox"/> Description of the event	<input type="checkbox"/> The location of the event	<input type="checkbox"/> Details showing you or your property were affected by the event
<input type="checkbox"/>	Serious illness or injury of employee or their eligible dependent					
<input type="checkbox"/>	Non-routine/exceptional medical expense – not covered by insurance for employee or their eligible dependent					
	Info you can provide:		Emergency responder report, doctor's note, hospital report, other health care provider statement, FMLA documentation, other			
	Details the document must contain:		<input type="checkbox"/> Date of the event	<input type="checkbox"/> Name and address of the physician	<input type="checkbox"/> Patient name	<input type="checkbox"/> Dates of service
<input type="checkbox"/>	Victim of a violent crime					
	Info you can provide:		Police report, emergency responder report, doctor's note, hospital report, other health care provider statement, FMLA or other medical leave documentation, other			
	Details the document must contain:		<input type="checkbox"/> Date of the event	<input type="checkbox"/> Description of the event	<input type="checkbox"/> Physician contact info	<input type="checkbox"/> Victim name
					<input type="checkbox"/> Dates of service	<input type="checkbox"/> Description of injury
<input type="checkbox"/>	Domestic abuse					
	Info you can provide:		Statement of verification from shelter, statement from domestic counselor, police report, restraining order, other			
	Details the document must contain:		<input type="checkbox"/> Date of the event	<input type="checkbox"/> Description of the event	<input type="checkbox"/> Name of shelter / counselor / police dept	<input type="checkbox"/> Victim name
						<input type="checkbox"/> Dates of service
<input type="checkbox"/>	Death of employee or their immediate family member or eligible dependent					
	Info you can provide:		Obituary, funeral program, death certificate, other			
	Details the document must contain:		<input type="checkbox"/> Date of death		<input type="checkbox"/> Description of relationship	

# DONATION FORM

The Comfort Cares Employee Relief Fund provides a way for the company to support its employees and for employees to support each other in severe financial hardship resulting from a catastrophic event. A Comfort Cares Employee Relief Fund grant helps employees with basic necessities and is intended for use by those who do not have access to other resources.

**Employee Giving** - Employees have the ability to make tax-deductible donations to the Comfort Cares Employee Relief Fund via check, ongoing payroll deduction by using the form below, or may donate by credit/debit card using the online form at [www.comfortcaresfund.org](http://www.comfortcaresfund.org). To change or stop any ongoing payroll deduction, please submit an updated form showing the new amount to be deducted or indicating that you wish to stop your contribution. Once completed, please return the form to your local HR department contact. Please note it may take up to two weeks for these requests to be processed.

## MY INFORMATION

Last Name

First Name

M.I.

Company

Home Address

City

State

Zip

Phone

Email Address

## MY DONATION

☐ Check Amount of donation \$

Make payable to "Emergency Assistance Foundation, Inc.", write "Comfort Cares Employee Relief Fund" on the check, attach to this completed form and mail to the address at the bottom.

For a quick donation acknowledgement for tax purposes, your email:

☐ Security

Number of shares donated

Stock name \_\_\_\_\_

Symbol \_\_\_\_\_

CUSIP \_\_\_\_\_

☐ Payroll Deduction

I want to donate by the following method: (It may take up to 30 days for any changes to be in effect)

☐ Recurring payroll deduction  
\$ \_\_\_\_\_ per pay period.☐ Change an existing payroll deduction from  
\$ \_\_\_\_\_ to \$ \_\_\_\_\_ per pay period.☐ Cancel my payroll deduction.

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

(For employees electing payroll deduction: Your signature authorizes the donation indicated above to be deducted from each paycheck. This contribution will continue until canceled or superseded in writing. To change or cancel your deduction, please resubmit the donation form with updated information.)

### Checks or Securities - mail this form with the check or Securities to:

Comfort Cares Employee Relief Fund  
c/o Emergency Assistance Foundation, Inc.  
700 South Dixie Highway, Ste. 200  
West Palm Beach, FL 33401

### Questions?

Contact the Comfort Cares Employee Relief Fund coordinator at 866.214.5176 or  
Email: [benefits@comfortsystemsusa.com](mailto:benefits@comfortsystemsusa.com)

The Comfort Cares Employee Relief Fund is administered by Emergency Assistance Foundation, Inc. a 501(c)(3) charity and all donations are tax deductible

### Payroll Deductions:

Email or deliver to your local HR/Payroll  
Administrator  
Information call: 866.214.5176  
Email: [benefits@comfortsystemsusa.com](mailto:benefits@comfortsystemsusa.com)

**COMFORT  
GIVES BACK**