

Princeton Medical Center Foundation  
***Employee Benevolent Fund - Application***

This program is funded through employee donations and its intended use is for employees who find themselves in an emergency situation that could not have been anticipated or avoided by good advance planning or appropriate monetary planning. If you feel your situation fits these criteria, please fill out this application and submit to the Employee Benevolent Fund Chair c/o Religious Ministries Office, Penn Medicine Princeton Medical Center.

*Any information within this box will be kept confidential, disclosing only to those necessary to application processing.*

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

Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Location/Department \_\_\_\_\_ Phone/ext. \_\_\_\_\_

Please Answer the following questions:

Have you been employed by Penn Medicine Princeton Health for a year or more? \_\_\_\_\_

Are you currently on a leave of absence? \_\_\_\_\_

Are you on in final warning of a disciplinary action status? \_\_\_\_\_

Do you have an unresolved Performance Improvement Plan? \_\_\_\_\_

Employment Status: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Per Diem \_\_\_\_\_

If Full or Part time: Have you applied for your Hardship Withdrawal benefit from Human Resources? \_\_\_\_\_. If no – Please contact Human Resources prior to submitting this application.

What is your annual household income (approximate)? \_\_\_\_\_

How many people are in your household (adult/child)? \_\_\_\_\_

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Complete this application and return to:  
Employee Benevolent Fund Chair c/o, Religious Ministries Office  
Princeton Medical Center, 1 Plainsboro Road, Plainsboro, NJ 08536  
Phone: 609-853-6020

**Specific Amount Being Requested:** \$\_\_\_\_\_

Please describe your need. Be specific about how this became an emergency need for you, and what other solutions you've already tried. Include the date funds are needed. If applicable, please also include a copy of the bill in question. (Use additional sheets as needed)

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If approved - (List full name, complete address and phone number for **debtor** (ex. Landlord, car repair shop, electric company, etc.)

Check payable to: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Account # if appropriate \_\_\_\_\_

This is a confidential application. Distribution will be made directly to the appropriate provider and not to the applicant. The application will be reviewed by the Committee. In order to expedite your request, please provide copies of bills or proof of debt for which you are requesting relief.

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**The Employee Benevolent Fund** provides financial support to Penn Medicine Princeton Health employees in times of unusual need. The Fund is mainly supported through employee donations and is a program sponsored by Princeton Medical Center Foundation.

### **How the Fund Works**

Applications are accepted from eligible Princeton Health employees and remain confidential throughout the process.

The Employee Benevolent Fund Committee reviews each application. The Committee is made up of Princeton Health employees from various departments. In order to protect the applicant's privacy, no names are given to the members of the Committee. The Religious Ministries department facilitates the application process. Final decisions on grants are made by the Employee Benevolent Fund Committee.

### **How Funds Are Distributed**

Once determined that the application meets all guidelines and is able to be funded, a check will be issued for the amount determined by the Committee.

Payments will be sent directly to the company owed, not directly to the applicant.

### **How the Fund Helps**

Expenses that may be covered include:

- Medical and dental expenses not covered by insurance, and after the deductible is met
- Impending eviction/foreclosure
- Expenses related to an unanticipated family emergency affecting the employee
- Unexpected transportation repairs preventing the employee from going to work
- Expenses related to a "major disaster" as declared by a state or federal official

### **Criteria for Applications and Approval of Funds**

Donations to the Employee Benevolent Fund are voluntary and will not affect the chances of receiving or not receiving a grant.

Applications may be submitted at any time.

The amount given is dependent upon available balance in the Fund.

### **Eligibility for Application**

Princeton Health Employees who:

- Have applied for 40 hours of MyTime through Human Resources
- Have been employed by PMPH for more than one year
- Are not in final warning disciplinary action status
- Are not on an unresolved Performance Improvement Plan

*\*If you have questions about any part of this application, please call Religious Ministries directly – 609-853-6020*