

**Brookwood Baptist Health (BBH)
Employee Benevolent Fund**

GUIDELINES

The Employee Benevolent Fund offers employee assistance based on the approval of the System Oversight Committee (SOC) and is administered by the Baptist Health Foundation (BHF). The EBF is only funded by the generous employee contributions within the Brookwood Baptist Health facilities. The Tenet Care Fund is a separate assistance program that is offered through Tenet Healthcare. Applications to this fund would need to be handled separately.

All employee applications and payment requests are approved by the EBF Facility Committee and the SOC prior to final approval.

Current Limits are as follows:

1. Assistance should not exceed \$1,750 per calendar year
2. A three year maximum of \$3,500. The three year maximum shall be current calendar year plus previous two years. This also includes any other assistance from Tenet Care Fund.
 - A one-time special allowance not to exceed \$3,000 may be considered for extreme circumstances as recommended by the facility committee and approved by the SOC committee.
3. Total expenditures per year will not exceed budgeted allocations.

Eligibility Criteria

Assistance will be provided to BBH employees who meet the following criteria:

1. Current employees at a BBH facility hospital or affiliate company where BBH is more than 51% owner. Assistance may not be given to physicians. Assistance may also be given to former employees, where the former employee is a retiree or no longer employed due to disability or downsizing. The former employee must apply for assistance within six months of separation, with good standing. In extreme situations, consideration of funds may be extended to contract employees who have exhausted all employee benefits through their employer, and who have met eligibility criteria, and have been recommended by both their facility committee as well as the SOC.
2. Employee must have completed their 90 day probation period. Assistance must be for an extenuating circumstance that occurred while they were employed at a BBH facility. Employee must show proof of income for all working in the household. One request per household (with same address) with the same extenuating circumstance. There is no

alternate source of funds available such as savings account, other household incomes, etc.

3. The employee must show evidence of some occurrence that altered income and/or spending requirements and for the most part, the applicants and their household must live within their means and have a reasonable budget (subject to review by the SOC).
4. The need for financial assistance must be unexpected and immediate and directly impact the employee. Employee must demonstrate inability to meet current financial obligations that are submitted for assistance. Documentation may be required.

Examples:

Extended Illness

- resulting in loss of family income.
- resulting in unexpected financial obligations not covered by insurance.

Death

- employee death, death of immediate family members, or member of employee's household

Natural Disasters

- fire, flood, tornado, etc.

Accidents/Injuries

- resulting in loss of family income.
- resulting in unexpected financial obligations not covered by insurance.

Loss of property through theft

5. Examples of circumstances that do not apply:
(this list is not all inclusive, subject to review by SOC)
 1. Repairs to vehicles due to normal wear and tear
 2. Co-pays for elective procedures
 3. Co-pays for out of network choices, if an in-network provider is available
 4. Legal services or fees
 5. Cell phone bills
 6. Credit card bills
6. Special consideration will be given to extreme circumstances where an employee is in need of services or equipment that are considered immediate and necessary.

Procedures

1. Facility designees will accept requests for assistance from employees and provide required application packets.
2. After the completed application is received the applicant will be interviewed and assessed for eligibility utilizing the EBF Employee Application Form.
3. The facility designees will strive to link the employee with assistance from any other company or community resources available.

For example:

- a. EAP
 - b. Red Cross
 - c. United Way
4. The facility designee will seek approval for the employee from the EBF Facility Committee, obtaining authorizing signatures. A quorum, for the purpose of voting on employee applications, shall consist of not less than 33% of the Committee.
 5. Final approval for all employee applications must be obtained from the SOC.
 6. The facility designees will submit the following for approval and payment to BHF:
 - a. EBF Employee Application Form
 - b. BHF Fund Request Form with facility designee or case worker's signature for application
 - c. Invoice or bills bearing remittance information
 - d. Copies of all required or requested documentation
 - e. Form W-9

Edited 2/15/2022