

CATASTROPHIC POLICY

NYSCOPBA has approved a Catastrophic Program to assist members and their immediate families in their time of need. Qualified recipients will receive a \$750.00 assistance out of the established fund.

In order to qualify for this assistance:

1. A member's request for Catastrophic Assistance must be submitted by an elected steward from the facility in which the member works and forwarded to their regional Vice President or Business Agent for approval.
2. A member's request for Catastrophic Assistance must meet one of the following criteria:
 1. Severe damage with documentation to primary residence.
 2. Terminal illness or death of the member, member's spouse, or child
 3. Any second-time request will need Executive Board approval.

This program is available to all active, in good standing, members of the Bargaining Unit, excluding retirees.



New York State Correctional Officers & Police Benevolent Association

102 Hackett Blvd - Albany, NY 12209
(518) 427-1551 www.nyscopba.org nyscopba@nyscopba.org



Catastrophic Assistance Application

(\$750 available for active members of the Bargaining Unit, in good standing, excluding retirees, who meet the criteria shown under reason for application)

Date: _____

Recipient's Name: _____

Recipient's Home Phone #: (_____) _____ - _____

After this is approved, the Sector will be notified when the authorized local Sector representatives can write the check. (If for a Sector without a bank account, the check will be processed directly from the Albany office when approved.)

Check should be written payable to: _____

And mailed to this address: _____

Is member on Workers' Compensation or Disability status? Yes _____ No _____

Current Facility/Sector: _____ Job Title: _____

Reason for Application: (Must meet one of the criteria: severe damage with documentation to primary residence; terminal illness or death of member, spouse or child)

REFERRING PERSON INFORMATION

Steward Completing Form _____ / _____
(Print) (Sign)

Vice President / Business Agent Approval _____ / _____
(Print) (Sign)

If 2nd request, date of Executive Board approval (motion attached) _____

ACCOUNTING DEPT. USE: E-mailed/Faxed to Norvest _____