

CONNECTICUT NURSES' ASSOCIATION

Elizabeth Kirk Fund

To be completed by applicant:

Confidential

- 1. Date of application: _____
- 2. Name of applicant: _____
- 3. Social Security Number: _____
- 4. Address: _____
- 5. Telephone: (h) _____ (w) _____ email _____
- 6. Place of Employment: _____

7. Assistance is requested for the medical and/or dental expenses, listed below, which are not covered by the applicant's insurance or other third party provisions:

Enclose a copy of the invoice(s), any existing insurance claims, or other relevant information.
 () Please also check that receipts for reimbursement have not been already submitted or paid by an FSA/
 HAS account.

- 8. Total amount requested: _____ (must total at least \$200.00)
- 9. Please provide a brief statement of your reasons for needing assistance with meeting these expenses.

Signature of applicant/appointee _____

FOR OFFICE USE ONLY:

- 1. Date received
- 2. Membership status
- 3. Previous grants awarded
- 4. Amount to be granted
- 5. Date approved by Finance Committee

Reviewed by CNA: 3/10/98

Revised by CNA 7/10/03

Revised and Approved 7/25/17 by Board

h:users/finance/ekirkfiles

CONNECTICUT NURSES' ASSOCIATION
CRITERIA FOR DISBURSEMENT OF ELIZABETH KIRK FUND

The intent of the Elizabeth Kirk Fund is to assist CNA members who have out-of-pocket medical expenses. Cosmetic work shall only be considered when related to extensive surgery and/ or disfiguring injury.

1. Applications for assistance may be made by any current member of CNA (including reduced and special categories), who have paid for at least one full year of membership to CNA.
2. A request for a member may be made on her/his behalf.
3. Assistance shall only be provided for medical expenses of the member, as family members are not included in the terms of this benefit.
4. All requests shall be processed by the CNA Finance Committee.
5. Requests shall be considered in chronological order. The maximum amount of assistance per member per year is determined by the Finance Committee.
6. Funds shall be disbursed for actual out-of-pocket expenses. The member is expected to collect from all insurance plans prior to submission of bills to the Elizabeth Kirk Fund.
7. Fifty percent of remaining medical and dental bills, which must total at least \$200.00, shall be paid by the Fund if sufficient funds are available. The maximum amount of assistance per member per year shall be \$1000.00. If after a year-end review and funds are available, additional monies may be distributed in accordance with CNA Financial Policies. The Fund may reimburse up to \$200.00 for one (1) pair of prescription eyeglasses or 1 order of contacts per year.
8. Bills outstanding beyond one year from receipt of application shall not be considered; exceptions shall be made only in unusual and extenuating circumstances.
9. The applicant is expected to provide the Finance Committee with information needed to process the request on the application form.
10. Monies shall be awarded on monthly basis to extend over the full fiscal year. Additional monies over and above the \$1000.00 may be granted to a member at the discretion of the Finance Committee, if during the fourth quarter sufficient monies are available.
11. If any decisions are challenged, the case shall be presented to the Executive Committee of the Board of Directors.
12. All information regarding applications for assistance shall be kept in a confidential file. All applicants must complete an application form for the E. Kirk Fund with official documentation.