

# Retiree Emergency Trust Fund

## Application for Assistance



Date of Application	
Member Name	
Address	
Phone Number	

Members must be contributing to the Trust Fund for a minimum of six months before they are eligible for assistance, except for members that join immediately upon retirement. Please attach copies of receipts, medical referrals, doctor's notes or other supporting documentations.

Amount Requested	\$ _____
Reason for Request:	
_____	
_____	
_____	
_____	

Has Assistance been requested from insurance or government agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was their response?	
_____	
_____	

Are you, or your spouse, entitled to benefits under another plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has assistance been requested from this plan and what was their response?	
_____	
_____	

Additional Comments:

I certify that the information provided on this application is true and complete to the best of my knowledge.	<hr/> (Members signature)
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Please send completed Application to Allison Hicks who is the Company Liaison for the Newfoundland Power Trailblazers and she will forward your Application to the Retiree Emergency Trust Fund Committee for processing.

Allison Hicks  
 P.O. Box 8910  
 St. John's, NL A1B 3P6

**Committee Recommendation**

Accepted     
  Declined     
 Amount \$ \_\_\_\_\_

Reason / Comments:

Committee Members	