

For Office Use only Application number: _____ Revised 12.31.18
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## eMbrace Emergency Assistance Program Application

**The Program:** The Magellan Health eMbrace Emergency Assistance Program has been developed as a resource for Magellan employees who have experienced a financial hardship due to a tragedy, disaster, or other extreme life event. This program enables employees to apply for grants to help cover basic living needs. Your co-workers and employer make these grants possible.

In addition to financial support from the eMbrace Emergency Assistance Program, you may also be in need of support services provided by Magellan LifeResources, the company's employee assistance program. Employees can access Magellan LifeResources anytime night or day by calling **1-866-266-2376** or visiting [www.MagellanHealth.com/member](http://www.MagellanHealth.com/member).

Please check the box if you would like a Magellan LifeResources team member to contact you directly.

**Eligibility:** You are eligible to apply if you meet both of the following conditions:

- You are an employee of Magellan Health Inc.
- You or an eligible dependent have experienced financial hardship due to a qualifying event that happened within the past 90 days. Eligible dependents are defined by Magellan Health benefits policy. A qualifying event is:
  - A natural disaster (flood, earthquake, wildfire, tornado, etc.) that has affected your primary residence.
  - A serious illness or injury (employee or eligible family member) that affects your ability to pay for basic living expenses.
  - A death (employee or eligible family member), when loss of income, funeral expenses, or uninsured medical expenses affect your ability to cover basic living expenses.
  - Catastrophic or extreme circumstances (fire, robbery, assault, domestic abuse) that affect your ability to cover basic living expenses.

**Employees may only receive assistance one time within a three year period.**

**Grants:** Submitting a grant application does not guarantee support. The maximum annual program support is \$2,000, provided sufficient funds are available. All grant checks will be sent directly to a vendor to cover eligible expenses from a current bill or invoice. No distributions will be made directly to employees.

**Application:** To be considered for grant support, complete all four pages of the application. Print your name at top of each page. Incomplete applications cannot be considered. Answering questions completely will help us process your request quickly.

- Attach current bills, invoices, and supporting documentation.
- You will be notified of the status of your application generally within 10 calendar days of receipt.

Send your completed, signed application with supporting documentation to [eMbrace@stlgives.org](mailto:eMbrace@stlgives.org) or mail to  
 eMbrace Emergency Assistance Program  
 St. Louis Community Foundation  
 #2 Oak Knoll Park  
 St. Louis, MO 63105

### SECTION 1: INFORMATION ABOUT YOU

*Note: all information contained in this application is confidential and will not be shared with your employer, except as aggregate data*

Employee Name (print clearly):			
Permanent Home Address:			
City:		State:	Zip:
Daytime phone: ( )	Other phone: ( )	Email:	
Do you prefer contact by: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail		Have you applied to this program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?
Your Magellan Location:	City:	State:	Zip:
Hire Date:	Job Title:	Employee ID#:	

Employee Name, printed clearly: \_\_\_\_\_

## SECTION 2: DESCRIBE YOUR SITUATION

Which qualifying incident caused your current financial hardship:

**Natural Disaster**    **Serious Illness or Injury**    **Death in Family**    **Catastrophic or Extreme Circumstances**

Detail of incident: \_\_\_\_\_ Date of incident: \_\_\_\_\_  
(tornado, flood, type of illness or surgery, deceased's name & relationship, name of circumstance, etc.) (must be within 90 days of application)

Was the incident covered by insurance?  Yes  No If yes, is your application today being submitted after insurance coverage has been applied?  Yes  No If no, why not?

Describe what happened that caused your financial hardship:

Please tell us anything else you feel would help us understand the hardship you and your family are experiencing as a result of this incident:

Have social service agency resources been requested or used? If you have already received services, please tell us which organization(s), how they were able to help, and include details of monetary or other support:

Your church, the American Red Cross, Salvation Army, FEMA, and other local agencies may also be able to help.

Employee Name, printed clearly: \_\_\_\_\_

### SECTION 3: SPECIFIC REQUEST

Grants are paid to vendors in response to an unpaid bill or invoice for eligible, basic expenses. Examples of eligible expenses:

- rent, mortgage or other housing payments
- temporary housing and security deposits for new housing
- utility bills (electricity, heating, water, etc.)
- medical expenses not covered by insurance, including needed equipment
- home repairs or services necessary to restore or maintain safety
- funeral expenses for immediate family (as defined by Magellan's bereavement policy)
- car repairs (if company requires you to use your personal vehicle in the course of your job duties)

See **Grant Documentation** below for more detail.

The Program **cannot** consider:

- reimbursements to employee or other individual
- legal fees\*
- credit card debt
- cable, phone or internet, unless required by job
- car payments
- furniture, appliances, electronics
- grave markers
- collection agency payments
- student loans or expenses
- repairs due to negligence or neglect
- travel expenses
- insurance payments or co-pays

\*All active employees, dependents, permanent household members and college students are eligible to receive legal services through Magellan's Employee Assistance Program, Magellan LifeResources. For more information, visit MyMagellan or call the HR Service Center at 888-411-6343.

**Grant Payment:** If an application is approved, payment(s) to the vendor(s) will be made by check and will include the employee's account number, if applicable, and a copy of the bill or invoice provided with the application. You will be notified of the status of your application by email or by mail to the address indicated on the application or via email if you listed an email address on the first page.

**Grant Documentation:** Please list the bills you need assistance with, *listing the most important ones first*. If you are requesting payments to more than three vendors, attach a page with identical information provided. Please include the following:

- Bill, invoice, lease, mortgage coupon or statement of amount due.
- A completed W-9 for any vendors that are individuals, partnerships, or LLCs (blank form at the end of the application)
- A published obituary or death certificate is required for expenses relating to a death that are not included on an invoice from a mortuary.
- Fire, police, or other official I reports are required for applications resulting from catastrophic events.
- Approved travel must be arranged through a foundation approved agency; applicant cannot be reimbursed.

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Employee Name, printed clearly: \_\_\_\_\_

#### SECTION 4: ESSENTIAL PROGRAM INFORMATION

This charitable fund was established in 2012 by Magellan Health Inc. and has received gifts from employees, the company and others who believe in the power of the community members helping each other. The fund is a charitable entity because of the company's partnership with the St. Louis Community Foundation (Foundation), a 501(c)3 public charity whose mission is to help organizations, families and businesses put their charitable dollars to work in the community. The fund is controlled and administered by the Foundation for the support of eligible employees who apply for support. Though a committee of Magellan Health Inc. leaders initiated the fund and advises the Foundation, all decisions are determined by the Foundation.

An application does not guarantee grant support. If awarded, the grant support you receive is not considered an employee benefit. Applications are assessed without regard to your work evaluation or position within the company, and will not impact your employment in any way.

Data from this application will be included only in aggregate form in periodic reports to the company. Your name and address will be provided only to confirm employment with a secure HR department contact.

Your signature below signifies that you understand the paragraph above, that only one application for support can be filed in a calendar year (except in extraordinary circumstances), that the annual maximum that you can request is \$2,000, and that support may be below this amount.

Your signature below also certifies that the information you provided is true and complete, releases the St. Louis Community Foundation and Magellan Health Inc. from any liability associated with the denial of or funding of this application, and authorizes the Foundation to verify information provided in connection with processing this application.

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

#### Before you submit, complete the Application Checklist for your own peace of mind:

- I read the requirements and I feel that I qualify
- I emailed [eMbrace@stlgives.org](mailto:eMbrace@stlgives.org) or called 314-588-8200 with any questions I had
- I completed Sections 1, 2 and 3 with all the details requested
- I am enclosing current required documentation for each vendor listed in Section 3. If applicable, I also included documentation of the incident, such as an obituary, police, or fire report, and a completed W-9 for any vendors that are individuals, partnerships or LLCs.
- I read Section 4 thoroughly, and signed and dated my application
- I am keeping a copy of my application for my files
- I am emailing or mailing my entire application and supporting documentation to the eMbrace Emergency Assistance Program at the St. Louis Community Foundation

The **eMbrace Emergency Assistance Program**, a component fund of the St. Louis Community Foundation, a 501(c)3 public charity, does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability. The St. Louis Community Foundation is solely responsible for all decisions regarding charitable distributions from the eMbrace Emergency Assistance Fund.

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Send your completed, signed application with supporting documentation to [eMbrace@stlgives.org](mailto:eMbrace@stlgives.org) or mail to

eMbrace Emergency Assistance Program  
St. Louis Community Foundation  
#2 Oak Knoll Park  
St. Louis, MO 63105

If you are applying for rental assistance, please have your landlord fill out and return the following W-9 form to us. We will also need a copy of your lease, or a statement from your landlord, showing the amount due monthly.

## Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.