



For Office Use only  
Application number: \_\_\_\_\_  
Revised 04.01.2020

## 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.

\* Reduction in Magellan employee hours is not an eligible event; however, reduction in spouse's hours may be eligible, depending on circumstances.

**Grants:** Submitting a grant application does not guarantee support. The maximum annual program support is \$2,500, 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:		Have you applied to this program before?	If so, when?
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Magellan Location:	City:	State:	Zip:

Hire Date:	Job Title:	Employee ID#:
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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 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 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 \$2,500, 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
- ☐ 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.

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