



A. EMPLOYEE INFORMATION

Employee Name: _____ Employee ID Number: _____
 Employee Home Address: _____ City: _____ State: _____ Zip: _____
 Work Location: _____ Employee Email Address: _____
 Work Phone: _____ Home Phone: _____

(Please select the phone number where you prefer to receive calls regarding this application.)

Please select your preferred payment method:

Check Prepaid Debit Card Electronic Funds Transfer to payroll account *(must initial ACH authorization below if selected.)*

Above named Employee hereby authorizes The GMS Family Fund, Inc. to originate an Automated Clearing House electronic funds transfer (ETF) credit entry to Employee's bank account on file with Gypsum Management and Supply, Inc., used for payroll purposes, as indicated below:

Initial approval ACH: _____ Bank Name: _____ Last 5 digits of Account Number: _____

APPLICATION SUBMISSION REQUIREMENT CHECKLIST

You must complete the following requirements. Please be advised that submitting an incomplete application will result in a delay as an incomplete application will be returned to the applicant for resubmission with all required documentation.

- Copies of bills for which you are requesting assistance.
- Documentation (proof) of the catastrophic event. (Fire Marshal's report, Police report, accident report, etc.)
 (NOTE: For Presidential declared natural disasters or catastrophic home loss, no proof of catastrophic event is required. Manager confirmation of loss or photos of the loss will be accepted.)
- Application is completed in its entirety.

B. UNEXPECTED CATASTROPHIC EVENT

Date of Unexpected Event: _____

Please mark the box next to the catastrophic event that occurred:

- ILLNESS or INJURY of: Employee Spouse Dependent Child Dependent Grandchild
 - Parent who financially contributes to the household
 - Grandparent who financially contributes to the household

- DEATH of: Employee Spouse Child Parent Sibling Dependent Grandchild
 - Grandparent who financially contributes to the household

FIRE VEHICLE ACCIDENT CRIME

NATURAL DISASTER: Severe Weather Flood Tornado Hurricane Earthquake

OTHER/EXCEPTION REQUEST The above-listed items are generally eligible for assistance from The GMS Emergency Assistance Fund. However, if you have suffered an unexpected catastrophic event not listed, please provide as much detail and documentation about your event as possible. Each request is given consideration based on its specific circumstances.



DETAILS OF UNEXPECTED CATASTROPHIC EVENT

Please describe the details of your situation in specific details. (Use a separate piece of paper, if needed.)

C. ITEMS OR EXPENSES FOR WHICH YOU NEED ASSISTANCE PAYING

Please list the item(s) or expense(s) for which you are seeking assistance paying in order of importance including the dollar amount. (Use a separate piece of paper, if needed.)

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

TOTAL DOLLAR AMOUNT REQUESTED FROM THE GMS FAMILY FUND: \$ _____

D. OTHER RESOURCES

Please indicate the amount of assistance you have already received or expect to receive from the following resource(s).

LIFE INSURANCE \$ _____ AUTOMOBILE INSURANCE \$ _____
 HOMEOWNERS INSURANCE \$ _____ FEMA ASSISTANCE \$ _____
 FLOOD INSURANCE \$ _____ CHARITABLE ORGANIZATIONS \$ _____

E. CERTIFICATION & AUTHORIZATION

I certify that:

- All information provided is accurate and truthful.
- I am personally and solely financially responsible for the expenses for which I am seeking reimbursement. There are no other family members or sources of reimbursement (insurance, charitable organizations, government relief, etc.) for these expenses.
- I am claiming reimbursement only for events that are valid under the Approval Committee Guidelines.

I authorize the GMS Family Fund Approval Committee to validate the information provided on the application as part of the review process. If necessary, the GMS Family Fund Approval Committee has my permission to contact Human Resources to verify information.

Employee Signature: _____ Date: _____

Signature of and contact information for person submitting application on behalf of employee:

Signature: _____ Printed Name: _____ Date: _____

Relationship to Employee: _____ Phone Number: _____

Upon completion, email, upload to Family Fund website, mail, or fax your application and supporting documentation to:

Email: familyfund@gms.com or Confidential Fax: 1-866-422-3956

Mail: GMS Family Fund, Inc., 100 Crescent Centre Parkway, Suite 800, Tucker, GA