

Cox Family Assistance Fund Policy & Attestation



History: The Cox Family Assistance Fund was a gift of former CoxHealth CEO Larry Wallis and his wife Patricia. The Wallis's established the fund and created the criteria to offer a source of support for CoxHealth employees during times of defined crisis. The generosity of Mr. and Mrs. Wallis has now impacted countless CoxHealth family members over two decades.

Qualifying guidelines:

1. Applicant must be an employee of CoxHealth in good standing.
2. Applicant is required to fully complete the application, after having reviewed the policy to validate their eligibility.
3. Employees can receive assistance from the Fund one time during a twelve-month time period. Under extreme circumstances, exceptions can be made with full committee review.
4. Employees on FMLA that are in good standing are still considered employed and qualifying for this fund.
5. Request for assistance must be something that is "out of the control of the employee." Meaning, it is not an expense that is part of daily living.

Daily Living Expenses are defined as: rent/mortgage, utilities (gas, propane, electric, water, sewer, wells), phone bills, cable/internet/subscription services, gas for vehicles, vehicle payments, repair/maintenance or purchase, childcare, insurance (car and home/apartment), home repairs, pet expenses, education costs or repayment. Personal debt from credit cards, loans or legal expenses are also not covered by this program.

A request WILL NOT be reviewed until all required application documents have been received by the CoxHealth Foundation. The application is then sent to the employee committee for review. The committee attempts to reply within a 24- hour period to all requests if possible or as soon as all documentation is in hand.

Required Documents:

Application- including detailed explanation of need

Signed Policy

Pay stub

W-9

Supervisor recommendation

Qualifying needs include:

- Loss of home or disruption of the use of your home due to fire or natural disaster including tornado, flood, hail storm or earthquake. (Employee must provide proof of insurance payment from the insurance carrier first. A cap of \$3,000 is set post insurance. Where no insurance exists, a cap of \$3,000 is set on all repair costs. Employee must show proof of ability to cover all costs over the cap amount.)
- Death of spouse resulting in immediate loss of income to cover daily living. This is limited to a capped amount of \$3,000 on daily living.
- Assistance with funeral support is only for an employee, their spouse, or child/step-child under the age of 18 that resides in the home. Cap of \$3,000.

- Assistance with CoxHealth medical bills related to devastating illness, injury or accident of the employee or an immediate family member (spouse or child under the age of 18 and residing in the home) that results in the loss of income to the employee or their spouse.
- Situations which occur that are created outside of the employee's control. In these cases, the full committee must review with detailed information of request and expected expenses to be incurred.

It is the applicant's responsibility to fully identify what is being requested and the circumstances that created the need to request assistance. If additional information is required, the applicant will be contacted by the CoxHealth Foundation. Delays in responding are most often caused by a lack of information provided by the applicant. Please use additional sheets on the application as needed to ensure all relevant information is provided.

The CFA committee consists of 5-9 CoxHealth employees who volunteer their time to serve independently of any other role within CoxHealth. A quorum is required for a vote. All information is kept fully confidential, but employee is asked if they would allow CHF to share their story to encourage additional support for the Fund. As soon as a decision is made the applicant will be notified by contact information provided. Employees are asked for complete contact information with both day and night-time phone numbers/emails. An employee's supervisor may also be contacted to help reach employee if necessary.

I have fully read and understood the policy outlined here. I have qualified my request for the application.

Signature

DATE