

TEAMSTERS LOCAL 700

BENEVOLENT FUND APPLICATION FORM



Required submission materials:

1. Application
2. Hardship Description (see instructions below)
3. Signature Required

Submission instructions:

Please complete all requirements of the application form. You may submit your application and supporting documents by fax, mail or email. Please choose only one of these methods and do not submit multiple copies.

Fax: Attention Teamsters Local 700 Benevolent Fund: (847) 518-6495

Mail: Complete and return your application and supporting documents to:
Teamsters Local 700 Benevolent Fund, 1300 W. Higgins Road, Suite 301, Park Ridge, IL 60068

Email: You can submit the application and attach supporting documents via email - you may either save the completed application to your computer or scan your application, with the required signature, and email it to: benevolentfund@teamsterslocal700.com.

PART I - APPLICATION

First Name			
Last Name			
Street Address			
City, State, Zip Code			
Home Phone		Cell Phone	
E-mail Address			
Employer		Supervisor's Name	
Start Date (with year)		Current Salary/ Hourly Rate	
Date of Birth (mm/dd/yyyy)			

Please answer all of the following questions:

Please list any other sources of income:

Do you rent or own your home? (circle one) RENT OWN

What is your monthly payment? _____

Are you current on your monthly payment? _____

Do you share this expense with anyone? (if yes, please explain the percentage you pay)

Do you or anyone in your household pay court-ordered child support or alimony?

Amount paid/how often? _____

Do you currently receive any temporary disability or workers comp payments?

Amount paid/how often _____

Injury date (mm/dd/yyyy) _____

Carrier/Phone Number/Agent _____

Claim/Case Number _____

Are you waiting to receive any temporary disability or workers comp?

Date of submission (mm/dd/yyyy) _____

Explain situation: _____

List any current medical expenses (or attach copies of medical bills/receipts to this application)

Have you had any of the following unusual circumstances in the last three months?

(Check all that apply)

_____ Loss of job

_____ Recent separation/divorce

_____ Moved to a new residence

_____ Change in work status

_____ Income reduction

_____ Illness or injury

_____ Death in the family

_____ Child support reduction

_____ Medical expenses

_____ Bankruptcy

If you checked any of the above lines, please explain the circumstances below. (You may be asked to provide additional documents based on your answers.)

PART II - Brief Description of Your Hardship

Please provide a brief description of your current hardship. Please also attach any documents that you would like the Trustees to consider while they review your application.

PART III - Signature Required

I hereby declare that all of the information I presented in this application is true.

Name		Date	
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(If submitting via email, you can type your name as electronic signature. Otherwise, sign in the space above.)

Receiving Notification from Local 700

The Benevolent Fund committee meets periodically to review all applications. After your application is reviewed, you will receive a letter to notify you if your claim is accepted or denied. You may be asked to submit additional documentation depending on your circumstances.

The Teamsters Local 700 Benevolent Fund relies entirely on the donations we receive from other members and union affiliates. Thank you to all of the donors that have provided assistance to our members in need.