

MEA EMERGENCY FUND PLAN

MEMBERSHIP: Category 1 and Category 2

ALL four (4) criteria MUST be met.

1. Available to current MEA members only,
2. Must have joined the MEA Emergency Fund Plan by October 15 of the current school year or within thirty (30) days of employment if hired after the opening day of the school year,
3. Must be a member of the sick bank,
4. Membership is effective for one (1) year beginning October 15 of each school year. **THE COST OF MEMBERSHIP IN THE FUND IS PAYABLE YEARLY (\$5.00)**

ELIGIBILITY FOR BENEFITS: Category 1

1. Benefits will be paid only to members,
2. Personal and sick days must be exhausted,
3. Applicant can be waiting for sick bank benefits or sick bank benefits have been exhausted,
4. Applicant is on unpaid status, not receiving a MSD payroll check.

BENEFITS: Category 1:

1. Based on the MEA Emergency Fund balance, a member of the MEA Emergency Fund can receive \$500.00 per week or \$100.00 per day to a maximum of \$2,000.00.
2. The stipend begins on the first day the applicant no longer qualifies for paid sick time and has exhausted the Sick Bank.

ELIGIBILITY FOR BENEFITS: Category 2-Direct appeal to the MEA Executive Board

1. At times, a MEA member may be experiencing significant or a financially life impacting situation. Members may appeal directly to the MEA Executive Board, through the President or Vice-President, for a determination of financial need and assistance. This would be a one-time, yearly request for assistance. A member would need to provide documentation or information to support their request. The eligibility and award would be determined by a majority vote of the Executive Board.
2. If any member is awarded a financial support grant, they would agree in writing to continue their membership in the Association through the completion of that specific school year.

BENEFITS: Category 2

1. Financial assistance is determined by a majority vote of the MEA Executive Board.
2. The amount of assistance is determined by the MEA Executive Board, with a maximum of \$2,000.00. The maximum can be raised if so determined by a majority vote of the MEA Executive Board.

PLEASE PRINT ALL OF YOUR INFORMATION

_____ Donation \$5.00 Cash _____ Check _____
_____ *One-time donation covering all years of employment in the MSD as an educator \$50.00*

Name of Applicant: _____

Address: _____

Contact Number: _____ Home Email: _____

Building Reps. - Return this portion to the MEA Secretary-Treasurer with a \$5.00 donation

DO NOT STAPLE CHECKS OR CASH TO THIS FORM