Dolores E. Ashton Goodwill Fund

Application Form

Goodwill Fund Benefits founded by Darlene Coor, are available to all members in good standing. This application will be subject to review & completion of such does not guarantee receipt of funds. *Effective 8-7-15, not more than (ONE) Benefit type will be available within a 12 (twelve) month period*

<u>Member Name</u>	<u>Department</u>	<u>Extension</u>	Date
Which Benefit Are You Apply	ng For? (Check All Th BEREAVEMENT	at Apply)	
Disability Applicants Complete B	elow: *You must apply for	or this benefit within 30 d	avs upon returning to work*
Aember Disability must exceed a			
Last Day of Work	Start Date of I	Disability	End Date of Disability
131			
**** <u>FOR THE BEREAVEN</u>	<u>IENT BENEFIT, MEMBI</u>	ERS MUST HAVE THIS F	ORM NOTARIZED ****
ereavement Applicants Complet n reference to Deceased relative collective Bargaining Agreement ate of death* Name of Deceased Relative	s, the Bereavement Fund		
pplicant's Signature		Da	te:
lotary Signature for BEREAVEM	ENT ONLY		5
pplicants mailing address:	×	2	
y signing above, applicant verif onsequences set forth by the Cor			falsification can result in
Exe	cutive Board Represe	ntative Complete Belo	<u>DW</u>
Application Approved	Application	1 Denied	Application Pending
xecutive Signature:			Date:
pplicant Signature for Received	Check:		

Goodwill Fund payout will be within <u>10 business days</u> from the date of submission for Bereavement, and can take up to <u>30 business days</u> for disability, pending union dues payment verification

Revised December 9, 2021