



# Union Plus Disability Grant Application

The Union Plus Disability Grant was developed to assist Union Plus Credit Card holders who experience a significant income loss due to a recent long-term illness or disability. Eligible credit card holders can receive a one-time grant between \$1,600 to \$2,700 based on the amount of income loss.

## Eligibility

1. Applicant must be a Union Plus Credit Card holder, joint account owner or authorized user of a Union Plus account in good standing at the time of the disability.

## Requirements

1. You, a joint account owner or authorized user of your Union Plus Credit Card account must have been unemployed due to a disability or illness for at least 45 consecutive days within the 24-month period prior to the date of application.
2. The illness or disability that caused the period of unemployment must have occurred at least 3 months after you became a Union Plus Credit Card holder.
3. Applicant must have an income loss of 25% or more for 45 consecutive days within the 24-month period prior to the date of the Disability Grant application.
4. Applicant must provide documentation of income loss for the period of illness or disability; the date of illness or disability; and income before and after the date of illness or disability. Documentation may include pay stubs for the period prior to the disability, proof of disability income, physician's statements and work status reports.
5. Applicant must complete and sign the application.

<b>Applicant's Personal Information</b>	
Name:	_____
	First Middle Last
Home Address:	_____
	Street City State ZIP Code
Home Phone:	_____/_____/_____
Cell Phone:	_____/_____/_____
International/National Union:	_____
	(example: OPEIU)
Local Union Number:	_____
What is the best time to call you? Please also indicate the best number to use:	_____
Email address:	<input type="text"/>
<input type="checkbox"/>	Please email me monthly Union Plus E-News with Union Plus benefit updates and consumer tips
<input type="checkbox"/>	Please send me occasional Union Plus text alerts. *Message and data rates may apply depending on your cell plan. You can opt out of our text service at any time by replying STOP to any message that you receive.
<b>Union Plus Credit Card Information</b>	
<input type="checkbox"/>	I am a Union Plus Credit Card holder, joint account owner or authorized user of an account in good standing.
Last 4 digits of credit card account number:	<input type="text"/>
Date of disability:	____/____/____
	Month Day Year
Your monthly gross income when working	\$ _____
Amount of monthly disability income.	\$ _____
How did you hear about this grant? (select one)	
<input type="checkbox"/>	Union Plus Web Site
<input type="checkbox"/>	Mailing
<input type="checkbox"/>	Fellow Union Member
<input type="checkbox"/>	Union Plus email
<input type="checkbox"/>	Union Publication
<input type="checkbox"/>	Credit Card Statement
<input type="checkbox"/>	UnionPlusCard.com
<input type="checkbox"/>	Union Leader
<input type="checkbox"/>	Other _____

## Required Documentation

- 1) Proof of the date of illness or disability
  - ◆ A copy of a signed doctor's statement/work status report showing the date you became disabled and the estimated date you may go back to work
- 2) Proof of unemployment due to illness or disability for 45 consecutive days in the past 24 months  
Proof that the illness or disability income loss is 25% or more of your monthly income for 45 or more consecutive days within the past 24 months  
**OR**
  - ◆ Copy of your previous year's W-2 and/or 1099. Send for each employer, if more than one. Indicate number of months included if less than a full year. Initial and date your note.
- 3) At least one of the following to prove you're getting disability income or have no income right now:
  - ◆ Most recent pay stub or official statement showing all disability income. (Possible sources: Worker's Compensation, disability insurance, Social Security, employer, union)**OR**
  - ◆ Official statement showing your claim disability for income was denied
  - ◆ Leave without pay (LWOP) statements showing dates of LWOP and hours used in pay period
- 4) Leave without pay (LWOP) statements showing dates of LWOP and hours used in pay period

## Certification

I, the undersigned, certify that all of the information I have included in and with my application is true. I also certify that I have read and understand the information above.

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Signature

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Date

## Mail completed application and all documentation to:

Union Plus Grants  
1100 First Street, NE, Suite 850  
Washington, DC 20002  
or email@unionplus.org

## Checklist of items to mail:

Use this checklist to complete your application. All materials must be submitted with this application. Materials sent separately will not be considered. Your application will not be considered if it is incomplete.

- Complete all sections of the application
- Sign and date application.
- Provide proof of the start date of disability (within past 24 months) and dates of disability (at least 45 days) — see "Required Documentation" above.
- Provide proof of your income prior to the date of disability— see "Required Documentation" above.
- Provide proof you're getting disability income or have no income right now — see "Required Documentation" above.

## Questions

Call **1-800-472-2005** (representative available 9:30 a.m. to 4:30 p.m. E.T.) and ask for the Union Plus Grant Specialist or email [grants@unionprivilege.org](mailto:grants@unionprivilege.org).