



Union Plus Hospital Grant Application

The Union Plus Hospital Grant was developed to assist union members and their families with large unreimbursed hospital expenses that total at least 10% of annual income or \$2400. Members can receive grants of \$1,200.

Eligibility

- 1. Credit card holders, joint account holders or authorized users of a Union Plus Credit Card in good standing

Requirements

- 1. Applicant's hospitalization event(s) must have taken place during the 24 month period prior to date of grant application
2. Hospitalization event(s) must have taken place at least 3 months after becoming a Union Plus Credit Card holder
3. Unreimbursed hospitalization costs must be at least 10% of applicant's annual income or at least \$2400

Applicant's Personal Information
Name: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
International/National Union: _____
Local Union Number: _____
What is the best time to call you? Please also indicate the best number to use: _____
Email address: _____
Union Plus Credit Card Information
Date of hospitalization: _____
Applicant's gross income of most recent calendar year \$ _____
Amount of total unreimbursed medical expenses \$ _____
How did you hear about this grant? (select one)
Union Plus Web Site, Mailing, Fellow Union Member, Union Plus email, Union Publication, Credit Card Statement, UnionPlusCard.com, Union Leader, Other

Required Documentation

1) At least one of the following **MUST** be provided to prove your annual income:

◆ Latest W-2(s)

OR

◆ End of calendar year pay stub(s).

OR

◆ Copy of the first page of your latest tax return(s) showing your adjusted gross income (AGI).

2) At least one of the following to prove your out-of-pocket hospital expenses after insurance reimbursement:

◆ Copy of explanation of benefits from health insurance company showing amount to be paid by applicant

OR

◆ If you have no health insurance coverage, send a copy of your hospital and other medical bills related to hospitalization and documentation showing that applicant is uninsured

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.

Signature

Date

Mail completed application and all documentation to:

Union Plus Grants
1100 First Street, NE, Suite 850
Washington, DC 20002

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 annual income — see “Required Documentation” above.

Provide proof of out-of-pocket hospital expenses after insurance reimbursement — see “Required Documentation” above.

Questions

Call **1-800-472-2005** (representative available 9:00 a.m. to 4:30 p.m. ET. Use extension 839 after hours) and ask for the Union Plus Grant Specialist or email grants@unionplus.org.