



# Employee Assistance for Catastrophic Loss

Home is where our heart is.

## Program information

The **Employee Assistance for Catastrophic Loss Program** is funding provided to LCMC Health employees impacted by Hurricane Ida. The Program may be available to help pay uninsured or underinsured losses incurred from this disaster. **Full-time employees** can receive up to \$5,000 if employed with LCMC Health for more than three years and up to \$2,500 if employed for less than three years. **Part-time employees** can receive up to \$2,500 if employed with LCMC Health for more than three years and up to \$1,250 if employed for less than three years.



## Program timeline

| Date              | Items             |
|-------------------|-------------------|
| October 18, 2021  | Application open  |
| December 17, 2021 | Application close |

Award payments will be made after the application window closes.



## Eligibility requirements

- Full time or part time LCMC Health employee (Per diem employees are not eligible).
- Currently employed by LCMC Health at the time of the application award payment.
- Total 2020 annual household income is less than or equal to \$120,000.
- If total household income is less than \$40,000, employee must have sustained a loss of \$5,000 or greater that is not reimbursed by insurance, FEMA, or other means.
- If total household income is between \$40,000 and \$120,000, employee must have sustained a loss of \$10,000 or greater that is not reimbursed by insurance, FEMA, or other means.



## What can you do to get ready?

Insurance, FEMA, and other assistance documentation:

- If you have homeowner's or renter's insurance, you will be required to provide an insurance settlement approval or denial.
- If you received assistance from FEMA, you will be required to provide all documentation regarding the FEMA assistance including the FEMA identification number and decision letter.
- If you received additional assistance, you will be required to provide information regarding the additional assistance such as award letter or pay stub.

## Other important information to prepare:

- 2020 annual household income
- Date of birth of LCMC Health employee
- Last four digits of your social security number
- Relocation information, if applicable
  - Length of stay (departure date and return date)
  - Number of household members who relocated with you
  - Number of rooms occupied by the relocated household members
  - Mileage to and from primary dwelling and place of evacuation lodging
  - City and state of evacuation lodging

