

# APPLICATION FOR FINANCIAL ASSISTANCE

SAAS PAYROLL PLEASE NOTE:

THIS AUTHORITY IS FOR DEDUCTION CODE D165 - AMBULANCE WELF FUND LOAN



Applicant's Full Name .....

Address .....

Suburb/City ..... Postcode .....

Phone (m) ..... SAAS ID No .....

Email .....

I hereby apply for Financial Assistance from the Ambulance Service Welfare Fund Inc. The reasons for my current financial assistance request are:

.....  
.....  
.....

I declare that no monies are recoverable from any other source for the following account/s and that **I have made all reasonable efforts to negotiate with the suppliers / account providers for payment by instalment / deferred payment.** I understand that my current financial situation will be kept confidential. The amount of assistance required is as per the details listed below and the accounts attached.

PROVIDER	ACCOUNT FOR	AMOUNT OWING
.....	.....	\$ .....
.....	.....	\$ .....
.....	.....	\$ .....
.....	.....	\$ .....

**TOTAL AMOUNT OF FINANCIAL ASSISTANCE REQUIRED:** \$ .....

I agree to a Payroll Deduction Authority to the SA Ambulance Service / Shared Services for a fortnightly deduction of \$ ..... from my salary until the amount of \$ ..... is paid in full to the Ambulance Service Welfare Fund Inc. Should I cease employment with SAAS I agree that any debt which remains outstanding to the Ambulance Service Welfare Fund Inc will be fully deducted from my final pay.

I declare that I have read the above terms and conditions and agree to the terms of the loan. I understand the Ambulance Service Welfare Fund Incorporated has the right to recover any monies owed to it in the event of default of payment.

Date ..... Signature .....

**Privacy of Your Information:** The Ambulance Service Welfare Fund Inc (ASWF) recognises the importance of protecting your personal information. We only collect information which is necessary for the purposes of the ASWF. A copy of our privacy policy can be obtained directly from ASWF.



# Financial Hardship Assistance

## Short Term, No Interest Assistance

### Guidelines for Claims

- \* Members who are faced with an **unexpected expense that must be paid immediately** and for which they are unable to source an alternative method of payment may apply to the fund for assistance.
- \* **Funding for assistance is set at \$1000**, however in extreme cases a submission can be made to the board for review to assess amounts beyond this on a case by case basis.
- \* **Should more than 2 claims in a 3 year period be received**, members will be referred for assessment by an independent financial counsellor prior to consideration of the claim.
- \* A claim form must be completed providing details of the need for assistance and is to be supported by copies of accounts for the required need, e.g. motor vehicle repair bill, emergency flights for funeral etc.
- \* All claims are submitted to the committee for assessment.
- \* **Members must identify their need for assistance**, i.e. why they are unable to meet the payment at that time, such as having been on reduced income at work due to recent illness/injury.
- \* **Payments are made directly to the provider**, i.e. cash payments will not be made directly to the member.
- \* Approved payments must be repaid to the fund via payroll deduction. **Repayments must be paid at \$50/pay period or within 10 pay periods, whichever is the greater.**
- \* No interest is charged on the assistance payments.
- \* The determination and payment of the benefit is at the absolute discretion of the ASWF Committee.
- \* Claim forms for Financial Assistance Claims can be downloaded at the ASWF website on the "Forms" page. This benefit is available to Full members only.