



IATSE LOCAL 478

www.iatse478.org

MEMBERSHIP CATASTROPHIC RELIEF APPLICATION

MISSION

Local 478 established this fund to assist IATSE LOCAL 478 members in times of great need. It is a “no strings attached benefit” benefit, exclusively for members In Good Standing, those having no serious outstanding financial obligations to the Local. It is granted at the discretion of the Welfare Committee, and/or Executive Board, and/or The Membership. The application, once submitted to the office, will have information from the member’s file attached, if necessary, prior to review by the Welfare Committee.

WHAT IS ELIGIBLE

- Natural Disaster (to include but not limited to fire due to lightning, flood, wind damage, etc.)
- Accident (to include but not limited to fire, car accident etc.)
- Personal Injury outside of work, that affects members ability to work.
- Medical emergency or death

WHAT IS NOT

- Injuries “on the job” (should be covered under Worker’s Comp)
- Rehab
- Expiring unemployment insurance
- COBRA health coverage or IATSE NBF CAPP fund shortfall
- Personal loans for cars, homes etc.
- Legal fees
- Pandemic Related Issues

You will need to legibly complete all applicable sections for your application to be considered.

Please return the attached application form to the office for distribution to the Welfare Committee



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Please make sure this form is legible. Complete ALL applicable sections or your request will not be considered.

Name: _____ Date of Request: _____

Address: _____ Last 4 of SSN: _____

Phone #: _____

Parish or County: _____

IF THIS IS FOR A CATASTROPHIC INCIDENT, PLEASE PROVIDE THE FOLLOWING:

Check the services you are requesting – Provide Proof.

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Home repairs | <input type="checkbox"/> Medical expenses |
| <input type="checkbox"/> Moving expenses | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Insurance | <input type="checkbox"/> Accident |
| <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Food | <input type="checkbox"/> Other |

Please explain the nature of the incident: _____

Date Received

Primary Craft: _____ Last project you worked: _____

Date of incident: _____ Place of incident: _____ How
much are you requesting? _____ Is this being covered by insurance? Yes No (circle one)

If yes, what is insurance covering (please be detailed):

Attach any reports or medical records if applicable. _____

Household Information

List below all the members of your household. Include the date of birth. A person is considered a member of your household if they sleep and keep their belongings in your home.

Name	Relationship	Date of Birth

In detail, please describe the specific circumstances resulting in the injury/damages:

By signing below, I, _____, hereby certify and agree to the following:

(please print your name)

- The information provided above is true and correct.

Signature Requirement

I understand that failure to provide the above information may result in denial of my application. I understand I have 10 days from the date of application to submit verifications requested. I understand that giving false information can result in loss of privilege to all benefits from IATSE Local 478. Under the penalties of perjury, I swear and affirm that this application, to the best of my knowledge, the facts are true and complete.

Signature of Applicant	Date
Current Address	Current phone numbers

OFFICE USE ONLY

Committee Approval on: _____ Amount: \$ _____ Check # _____
(attach copy of committee approval) (or cash receipt#)

Other Assistance applied for:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> MRP | <input type="checkbox"/> AFLAC | <input type="checkbox"/> Actors Fund |
| <input type="checkbox"/> Behind the Scenes | <input type="checkbox"/> Will Rodgers | <input type="checkbox"/> Walsh DiTolla Spivak |