

## **CATASTROPHIC POLICY**

NYSCOPBA has approved a Catastrophic Program to assist members and their immediate families in their time of need. Qualified recipients will receive \$750 out of the established fund.

In order to qualify for this assistance:

1. A member's request for Catastrophic Assistance must be submitted by an elected steward from the facility in which the member works and forwarded to their regional Vice President or Business Agent for approval.
2. A member's request for Catastrophic Assistance must meet one of the following criteria:
  - Severe damage, with documentation, to primary residence
  - Member, member's spouse, domestic partner, child or step child with terminal illness
  - Death of the member, member's spouse, domestic partner, child or step child

In addition:

- With a terminal illness, a second- time catastrophic assistance may be requested upon the death of the member, members spouse, domestic partner, child or step child. Which does not need additional Board approval.
  - Limit of two applications for any illness
  - Applications must be submitted within one year of the catastrophic event

This program is available to all active in good standing members of the Bargaining Unit excluding retirees.

**Updated 6/13/18 (Adopted 8/12/09 by Executive Assembly)**



# New York State Correctional Officers & Police Benevolent Association

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## Catastrophic Assistance Application

(\$750 available for active members of the Bargaining Unit, in good standing, excluding retirees, who meet the criteria and have the application submitted within one year of the catastrophic event)

Date: \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Recipient's Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**After this is approved, the Sector will be notified when the authorized local Sector representatives can write the check. (If for a Sector without a bank account, the check will be processed directly from the Albany office when approved.)**

Check should be written payable to: \_\_\_\_\_

And mailed to this address: \_\_\_\_\_  
\_\_\_\_\_

Current Facility/Sector: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Reason for Application:** (Must meet one of the criteria: severe damage with documentation to primary residence; terminal illness or death of member, spouse, domestic partner or child)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERRING PERSON INFORMATION

Steward Completing Form \_\_\_\_\_ / \_\_\_\_\_  
(Print) (Sign)

Vice President / Business Agent Approval \_\_\_\_\_ / \_\_\_\_\_  
(Print) (Sign)

If 2<sup>nd</sup> request, date of Executive Board approval (motion attached) \_\_\_\_\_

\*Limit two applications for any illness

\*Applications must be submitted within one year of the catastrophic event