

The Helping Hands Fund eligibility guidelines

Howley Bread Group, Ltd.

The Helping Hands Fund was established to help employees offset expenses in cases of an unexpected and catastrophic life event in which they are facing severe financial hardship where all other sources of funding have been exhausted.

Qualifying emergencies do **not** include circumstances that involve providing assistance to pay for debt consolidation, litigation, poor financial planning, non-essential items (e.g., cable TV, credit card payments, etc), bail, garnishments, or other expenses deriving from non-emergency situations.

Eligibility Requirements

- ★ I am an active employee of Howley Bread Group, Ltd. and have worked for at least 90 days of continued employment.
- ★ I have exhausted all other appropriate means of assistance.
- ★ The hardship
 - Is unexpected and beyond my control
 - Is damaging to property or individuals, results in a loss of life, health or property.
- ★ Provide relevant documentation prepared by a third party (see below for required documentation)
- ★ During any twelve-month period, an employee may not receive more than either two grants or a total of \$2,000.

These are general eligibility guidelines. For more information, please see the Helping Hands Fund website at www.panerabreadhbg.com. Guidelines are subject to change without notice. In most instances, requests are approved only under the circumstances listed below; however, the Helping Hands Fund reserves the right to approve a request outside of these guidelines based on severe financial need due to an unexpected emergency and/or catastrophic event.

Events Eligible for Assistance (Please check the event for which you are applying for assistance)

Total Loss of Home Due to a Fire

Eligible Event: Employee's home is destroyed or rendered unlivable by a fire.

Required Documentation: A copy of the official fire report, photographs, insurance claim, lodging receipts provided within 45 days of receipt of grant.

Loss or Purchase of Medically Necessary Equipment

Eligible Event: Employee must need specific medical equipment per physician's orders that is either: (1) not covered under the employee's medical plan; or (2) exceeds the allowed amount under the plan.

Required Documentation: A statement from the employee's attending physician describing need for the equipment, receipt for replacement or purchase provided within 45 days of receipt of grant.

Emergency Travel

Eligible Event: Need for employee, employee's spouse, or same gender domestic partner (where recognized by state law) to travel: (1) to attend funeral for or make final visit to a terminally ill immediate or extended family member or (2) to escort a critically ill immediate or extended family member (as defined above) to a remote medical facility or hospice.

"Immediate family member" is defined as an employee's parent, sibling, child, including those in a "step" relationship; spouse; or same gender domestic partner (where recognized by state law). "Extended family member" is defined as an employee's grandparent, mother/father-in-law, or brother/sister-in-law, including those in a "step" relationship.

Required Documentation: A statement from the employee's attending physician regarding either terminal status or need for remote facility, estimated distance in miles (if traveling by car), ticket receipt or itinerary that includes cost of tickets (if traveling by airplane, bus, or train), and/or daily rate for lodging.

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Medical Out of Work (short term & long term)

Eligible Event: Employee or employee's spouse/same gender domestic partner (where recognized by state law) is deemed unable to work per a physician. Injuries resulting from a workers compensation claim, an employee's or spouse/same gender domestic partner's illegal activities, activities where the employee or spouse/same gender domestic partner is more than 50% at fault, or activities otherwise covered by insurance are not eligible for funding.

Required Documentation: A statement from the employee's attending physician. Applications benefitting an employee's spouse/same gender domestic partner also require a letter from the spouse/same gender domestic partner's employer detailing the spouse/same gender domestic partner's rate of pay and confirming that the spouse/same gender domestic partner has taken a leave of absence due to a medical out of work situation.

Transitional Housing Assistance

Eligible Event: Physical or sexual abuse of employee or employee's dependent(s) resulting in employee's need to relocate his/her personal residence to avoid continued abuse. "Dependent" follows the definition set forth in Section 152 of the Internal Revenue Code. Generally, the following may be classified as dependents, subject to additional criteria (please see Section 152 for more information): children (by birth, marriage, or foster care), siblings (blood, adopted, or by marriage), or other relatives materially supported by the employee.

Required Documentation: A police report or case number, or a statement from attending physician; receipts for temporary housing; deposit on new apartment.

Funeral Expense

Eligible Event:

- (1) Employee is directly and primarily financially responsible for paying the funeral expenses of an immediate or extended family member (as defined in Item 3)
- (2) Employee's family member is directly and primarily financially responsible for paying the funeral expenses for the employee.

Required Documentation: A statement from the funeral home indicating financial responsibility; receipts for funeral expenses provided within 45 days of receipt of grant.

Other

The event does not fall under any of the eligible events indicated in the eligibility guidelines, but I do feel my situation is an unexpected and catastrophic emergency that has occurred at a time where I am facing severe financial hardship and have exhausted all other sources of funding. I request that the Helps Hands Fund review my application and I understand that because my situation does not fall under the above-mentioned guidelines, it may not be approved.

Required Documentation: Please include any documentation you think might support your application for assistance.