



Policy and Procedure Manual

Scope of Responsibility:

All Employees

Employee CareFund Program

Policy #: 4.10.006

Chapter: Human Resources

Effective Date: XX/XX/XXXX

Date Revised: N/A

POLICY

The Employee CareFund Program provides financial assistance to Cheyenne Regional employees who experience a financially devastating tragedy or an unforeseen event or disaster (e.g., fire, flood, death of immediate family member, or loss of income). The Cheyenne Regional Medical Center Foundation will steward/maintain the funds, solicit donations for new funds, and acknowledge all donations as required by the IRS.

Decisions for assistance will be based solely on need. Factors such as race, religion, seniority, and social or economic position will not be a factor in the decision of the Employee Hardship Committee (Committee).

PROCEDURE

A. Eligibility Requirements

1. Employees must meet the following criteria to apply and qualify for CareFund assistance. The employee must:
 - a. Have completed nine consecutive months of service with Cheyenne Regional;
 - i. PRN employees must have worked 250 hours in the last nine months.
 - b. Have no corrective actions within the last 12 months;
 - c. Not qualify for short-term or long-term disability; and
 - d. Be experiencing one of the following:
 - i. A significant reduction of income in the past two months;
 - ii. An unplanned serious health condition (i.e. incapacity or treatment connected to an inpatient stay or serious chronic health condition, or incapacity that is long term due to having a condition for which treatment is ineffective.)

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- iii. The need to care for a spouse, domestic partner, parent, or child with a serious condition; OR
- iv. A financially devastating tragedy or unforeseen disaster (i.e., fire, flood, or death of an immediate family member).

B. Program Benefits:

1. The CareFund assistance may be used to assist employees with essential needs including groceries, gasoline, other bills or debts. Payments will be made directly to the employee's creditors.
2. The amount of CareFund assistance is based on employee need and the availability of funds. The maximum amount of CareFund assistance is \$3,000 within three years from date of application.
3. CareFund Assistance may not be used for non-essential expenses.

C. Applying for CareFund Assistance:

1. All applications are required to be submitted electronically at benefits@crmcwy.org or in-person to Human Resources.
2. Employees applying for the Employee CareFund Program must meet eligibility requirements and submit all applicable documentation for the application to be considered.
3. The Committee will review all Employee CareFund Program applications. After the Committee has reviewed the application, it will notify the employee of its decision as soon as possible or within 3 business days.
4. Denial decisions made by the Committee may be appealed within two weeks of the decision to the Chief Human Resources Officer who will review the appeal with the Committee.



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D. How to Donate to the Employee CareFund Program

1. Employees may donate to the Employee CareFund Program as follows:
 - a. Cash donations can be made directly to the Foundation.
 - b. PTO donations: An employee may donate any amount of PTO as long as after the donation, the employee’s balance is at 40 hours minimum. Donated PTO hours will be converted to dollars based on the donor’s current rate of pay, net of applicable taxes. Donated amounts will then be given to the Foundation for distribution. Submit an Employee CareFund Program PTO Donation Form electronically to benefits@crmcwy.org or in person to Human Resources, attention Benefits. The Foundation will provide receipts for tax purposes for all donations.

References:

Policy Cross Reference:

This policy replaces the following policy:

Key Words:

<i>Signatures:</i>	<i>Committees:</i>
<i>Originator: Human Resources</i>	
Director of Human Resources: _____ Date: _____	
<i>Authorized By:</i>	
Chief Human Resources Officer: _____ Date: _____	PRC Email Review Date: 4/2020
Chief Financial Officer: _____ Date: _____	