



**ROLLINS EMPLOYEE RELIEF FUND, INC.  
A NONPROFIT CORPORATION**

**GENERAL EMPLOYEE EMERGENCY RELIEF FUND APPLICATION**

**ELIGIBILITY REQUIREMENTS**

ROLLINS EMPLOYEES ARE ELIGIBLE TO APPLY FOR A GRANT IF THEY HAVE BEEN EMPLOYED BY ROLLINS FOR AT LEAST 60 DAYS EITHER FULL OR PART-TIME. TEMPORARY OR PER DIEM COMPANY EMPLOYEES AND CONSULTANTS ARE NOT ELIGIBLE TO APPLY.

ALTHOUGH AN APPLICATION MAY ONLY BE SUBMITTED BY OR FOR AN ELIGIBLE EMPLOYEE, ASSISTANCE MAY BENEFIT THAT INDIVIDUAL'S IMMEDIATE FAMILY (SPOUSE OR CHILDREN) OR ANY OTHER PERSON FOR WHOM THE EMPLOYEE PROVIDES PRIMARY FINANCIAL SUPPORT.

**QUALIFICATIONS**

THE ROLLINS EMPLOYEE RELIEF FUND AWARDS GRANTS TO ELIGIBLE EMPLOYEES, WHO HAVE SUFFERED UNUSUAL FINANCIAL HARDSHIPS FOR REASONS BEYOND THEIR CONTROL, ARE EXPERIENCING A TIME OF PERSONAL OR FAMILY CRISIS, OR WHO NEED TEMPORARY FINANCIAL RELIEF AND ASSISTANCE DUE TO A NATURAL DISASTER.

**EXPECTATIONS**

ONCE AN EMPLOYEE SUBMITS AN APPLICATION TO THE ROLLINS EMPLOYEE RELIEF FUND, A GRANT COMMITTEE MEMBER WILL CONTACT THE EMPLOYEE TO DETERMINE IF HE/SHE IS ELIGIBLE TO RECEIVE A GRANT. THE REPRESENTATIVE WILL THEN PROVIDE FURTHER INSTRUCTIONS TO THE APPLICANT.

SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF BENEFITS. ANY AWARD OF BENEFITS IS SUBJECT TO THE ABSOLUTE DISCRETION OF THE ROLLINS EMPLOYEE RELIEF FUND, INC. ALL APPLICANTS WILL BE NOTIFIED IN WRITING OF THE GRANT COMMITTEE'S DECISION TO APPROVE/DENY THE REQUEST. IF APPLICATION IS NOT COMPLETE, IT WILL BE DENIED. PLEASE SEE THE ROLLINS EMPLOYEE RELIEF FUND, INC. GUIDELINES (THE "GUIDELINES") FOR MORE INFORMATION ABOUT ELIGIBILITY AND THE APPLICATION REVIEW PROCESS.

IN APPLYING FOR EMPLOYEE RELIEF FUND ASSISTANCE, THE GRANT COMMITTEE MAY NEED TO ASK ADDITIONAL QUESTIONS ABOUT YOUR PERSONAL SITUATION TO MAKE A DECISION. WE ALSO RETAIN THE RIGHT TO OBTAIN ADDITIONAL INFORMATION FROM THE APPLICANT OR OTHER SOURCES WHILE REVIEWING THE REQUEST IN ORDER TO VERIFY THE CLAIM.

THE GRANT COMMITTEE WILL MAKE THE DETERMINATION TO APPROVE OR DENY AN AWARD BASED ON THE DOCUMENTATION PROVIDED. THE COMMITTEE WILL ALSO DETERMINE THE AMOUNT OF EACH AWARD BASED ON THE DOCUMENTATION PROVIDED. THE COMMITTEE'S DECISIONS ARE FINAL.

ATTACHED TO THIS APPLICATION AND INCORPORATED HEREIN BY THIS REFERENCE ARE THE GUIDELINES. CAREFULLY REVIEW THESE GUIDELINES AS THEY ARE PART OF THE APPLICATION.

**APPLICATION INSTRUCTIONS**

**PLEASE FOLLOW THE DIRECTIONS BELOW IN COMPLETING YOUR APPLICATION.**

1. COMPLETELY FILL OUT THE APPLICATION, INCLUDING ALL INFORMATION REGARDING FAMILY MEMBERS LIVING WITH YOU, ALL INCOMES WITHIN THE HOUSEHOLD, ETC., AND SUBMIT THE COMPLETED AND SIGNED APPLICATION ALONG WITH **COPIES** (NOT ORIGINALS) OF THE FOLLOWING:
  - I. DOCUMENTATION REGARDING YOUR EMERGENCY SITUATION (**E.G., COPY OF LOCAL FIRE DEPARTMENT REPORT SHOWING PROOF OF FIRE, INSURANCE APPRAISAL, FINANCIAL HARDSHIP, DEATH CERTIFICATES, NATURAL DISASTER, ETC.**) MOREOVER, PLEASE BE SURE TO INCLUDE INFORMATION REGARDING THE CAUSE OF THE EMERGENCY SITUATION.
  - II. COPIES OF YOUR LAST TWO PAYCHECKS (COPIES CAN BE OBTAINED FROM HR OR PAYROLL).
  - III. COPIES OF APPROVED DOCUMENTATION FOR FMLA, SUPPLEMENTAL SECURITY DISABILITY INSURANCE (SSDI) AND WORKER'S COMPENSATION, IF APPLICABLE.
  - IV. COPIES OF ALL INVOICES FOR WHICH YOU ARE REQUESTING PAYMENT, WHERE APPLICABLE. (REQUESTS WILL NOT BE CONSIDERED WITHOUT APPROPRIATE INVOICES).
  - V. COPY OF YOUR MOST RECENTLY FILED 1040, 1040A OR 1040EZ INCOME TAX RETURN (DO NOT INCLUDE SCHEDULES).
2. RETURN THE APPLICATION WITH ALL SUPPORTING DOCUMENTATION TO ROLLINS EMPLOYEE RELIEF FUND, INC. VIA ONE OF THE WAYS LISTED BELOW:

**MAIL TO:**

ROLLINS EMPLOYEE RELIEF FUND  
ATTN: RUBY SWANN  
HUMAN RESOURCES DEPT.  
2170 PIEDMONT ROAD, N.E.  
ATLANTA, GA 30324

**SCAN/EMAIL TO:** [ROLLINSRELIEF@ROLLINS.COM](mailto:ROLLINSRELIEF@ROLLINS.COM) OR IF YOU HAVE ALREADY BEEN IN CONTACT WITH A REPRESENTATIVE FROM THE GRANT COMMITTEE – YOU MAY SEND YOUR APPLICATION DIRECTLY TO THAT INDIVIDUAL.

**ROLLINS EMPLOYEE RELIEF FUND, INC.**

**A NONPROFIT CORPORATION**

**GENERAL EMPLOYEE EMERGENCY RELIEF FUND APPLICATION**

General Information		Application ID# (RERF use only)			
Recipient's Name		Employee's Name and Relationship to Recipient		Date of Application	
Employee's Full Home Address				Email Address	
Recipient's Home/Cell Phone Number		Employee ID Number		Employee's Work/Cell Phone Number	
Employee Brand Name		Employee Work Location		Employee's Hire Date	
Employee's Region Manager			Employee's Branch Manager		
Region Manager Email			Branch Manager Email		
List names of Spouse, Dependent Children and Other Household Members living with you:					
Name	Relation	Date of birth	Name	Relation	Date of birth
Is your spouse an employee of Rollins, Inc. or its subsidiaries or affiliates? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable					
Do you consent for the Grant Committee to refer your name and contact information to the Rollins Employee Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Total Amount Requested ( <i>maximum amount is \$7,500.00, less any emergency funds already granted</i> ).		Have you or any of your dependents ever received Rollins Employee Relief funding?			
<p align="center">\$</p> <p align="center">_____</p>		<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, please tell us when and why?			

**LIST ALL OF YOUR EXPENSES and attach copies of all invoices for which you are requesting assistance. Expenses submitted without invoices or receipts will automatically be denied. In addition, please ensure invoices or receipts contain your name or dependent's name, account number and payment remittance address. Please complete this section in full to provide a clear financial picture for the Grant Committee.**

Purpose	Request	Monthly Payment(s)	Late Fees	Total Payment Requested (Attach invoices or receipts)
Rent or Mortgage	<input type="checkbox"/>			
Food	<input type="checkbox"/>			
Vehicle Payment	<input type="checkbox"/>			
Vehicle Payment	<input type="checkbox"/>			
Auto Insurance	<input type="checkbox"/>			
Gasoline	<input type="checkbox"/>			
Electric	<input type="checkbox"/>			
Gas	<input type="checkbox"/>			
Water & Sewer	<input type="checkbox"/>			
Telephone	<input type="checkbox"/>			
Cell Phone	<input type="checkbox"/>			
Home Owner's Insurance	<input type="checkbox"/>			
Credit Card	<input type="checkbox"/>			
Credit Card	<input type="checkbox"/>			
Outstanding Loan	<input type="checkbox"/>			
Other (please specify)	<input type="checkbox"/>			
Other (please specify)	<input type="checkbox"/>			

List any other monthly expenses. These expenses are not typically paid with Employee Relief Funds, but they are considered in making decisions about your application.

Purpose	Request	Monthly Payment	Late Fees	Total Payment Requested (Attach invoices or receipts)
Cable/Internet	<input type="checkbox"/>			
Child Care/Support	<input type="checkbox"/>			
Other (please specify)	<input type="checkbox"/>			
Medical Expenses	NA			Medical Expenses are not payable by Rollins Employee Relief Fund.

**Describe the recent natural disaster, catastrophic event or serious illness that caused the personal financial hardship. Attach additional sheets if needed. Be as detailed as possible with the description.**

<b>Please answer these additional questions if you have not covered them in your previous answer.</b>	
Who was directly affected by the natural disaster, catastrophic event or serious illness?	
When did the aforementioned event occur? How long did it last?	
How has the event affected your household finances?	
What significant alternatives were used to meet this emergency (e.g., created a payment plan with service provider, contacted social services and/or churches, family & friends, used EAP)?	
What actions have been taken to help resolve the situation?	
<b>APPLICANT'S CURRENT SITUATION</b>	
Are you/your spouse currently out of work?	
Employee	<input type="checkbox"/> No <input type="checkbox"/> Yes If so, how long? From: To:
Spouse	<input type="checkbox"/> No <input type="checkbox"/> Yes If so, how long? From: To:
When do you anticipate returning to work?	
Have you/your spouse been approved for FMLA? If so, how long? (attach copy of approved FMLA documentation)	
Employee	<input type="checkbox"/> No <input type="checkbox"/> Yes If so, how long? From: To:
Spouse	<input type="checkbox"/> No <input type="checkbox"/> Yes If so, how long? From: To:
Are you/your spouse currently covered by insurance?	
Life Insurance:	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Medical Insurance:	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Homeowner Insurance:	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Renters Insurance:	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you/your spouse receiving disability? (If Yes, attach copy of approved documentation)	
Short-term disability	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Long-term disability	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you/your spouse receiving Worker's Compensation? (If Yes, attach copy of approved documentation)	
Worker's Comp:	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you/your spouse used all paid time off?	
Disability Time:	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Vacation Time:	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Sick Time:	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you/your spouse receiving a regular salary?	
	Employee <input type="checkbox"/> No <input type="checkbox"/> Yes Spouse <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you solicited/received assistance from other organization(s) including but not limited to Federal, State & Local government agencies? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, list organization(s)/agencies and amount(s) requested and/or received.	

<b>APPLICANT/EMPLOYEE INCOME</b>			
Gross <b>Annual</b> Household Income		Current <b>Monthly</b> Household Income	
Employee		Employee	
Spouse		Spouse	
Other Household Member		Other Household Member	
Retirement		Retirement	
Child Support		Child Support	
Alimony		Alimony	
Unemployment		Unemployment	
Worker's Compensation		Worker's Compensation	
Short-Term or Long-Term Disability		Short-Term or Long-Term Disability	
Other Income		Other Income	
<b>OTHER FINANCIAL INFORMATION (Please enter "0" or "N/A" for not applicable in all boxes.)</b>			
Checking Account Balance		Savings Account Balance	
401K Balance		Equity in Residence	
Other Assets		Total Value of all assets	

**Declaration of Truth**

I declare under penalties of perjury that I have examined this Rollins Employee Relief Fund Application, including any accompanying schedules and statements, and to the best of my knowledge and belief, such documents are true, correct and complete. I also give my permission specifically for my employer and its payroll department, benefits department, employee benefits plans, plan administrators, applicable insurance and/or worker's compensation carriers or third party administrators, to provide the Rollins Employee Relief Fund, Inc.'s Grant Committee with any requested information pertaining to salary continuation, leave time, disability income payments and monthly pay deductions. Furthermore, I understand that if I have knowingly provided any false information, my supervisor will be informed of my actions and the situation will be turned over to the appropriate company entities for further investigation and possible disciplinary action, up to and including termination.

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Recipient/Employee Signature

Date