



Employee Relief Fund

GENERAL EMPLOYEE RELIEF FUND APPLICATION

APPLICATION ID# (RERF USE ONLY): _____

GENERAL INFORMATION			
Recipient's Name		Employee's Name and Relationship to Recipient	
Recipient's Home/Cell Phone Number		Employee ID Number	Employee's Work/Cell Phone Number
Employee Brand Name		Employee Work Location	Employee Direct Supervisor
Employee Hire Date		Employee's Full Home Address	
LIST NAMES OF SPOUSE, DEPENDENT CHILDREN AND OTHER HOUSEHOLD MEMBERS LIVING WITH YOU:			
Name	Date of Birth	Name	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 <input type="checkbox"/>			

APPLICATION INSTRUCTIONS

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 SELECTION 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 FOR MORE INFORMATION ABOUT ELIGIBILITY AND THE APPLICATION REVIEW PROCESS.

IN APPLYING FOR EMPLOYEE RELIEF FUND ASSISTANCE, THE SELECTION 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.

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



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 IN 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, ETC.) AND WHAT CAUSED IT.
 - 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 THE INVOICE).

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: KAREN BRADFORD
HUMAN RESOURCES DEPT.
2170 PIEDMONT ROAD, N.E.
ATLANTA, GA 30324

FAX TO: 404-877-4232

SCAN/EMAIL TO: ROLLINSRELIEF@ROLLINS.COM



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Date of Application* <small>(see note at page bottom)</small>	____/____/____	Have you or any of your dependents ever received Rollins Employee Relief funding? <input type="checkbox"/> No <input type="checkbox"/> Yes
Total Amount Requested (maximum amount is \$5,000, less any emergency funds already granted). \$ _____		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 ON ACCOUNT AND PAYMENT ADDRESS.

Purpose	Due Date(s)	Monthly Payment(s)	Late Fees	Total Payment Requested (Attach invoices or receipts)
Rent or Mortgage				
Food				
Vehicle Payment				
Vehicle Payment				
Auto Insurance				
Gasoline				
Electric				
Gas				
Water & Sewer				
Telephone				
Cell Phone				
Home Owner's Insurance				
Credit Card				
Credit Card				
Outstanding Loan				
Other (please specify)				
Other (please specify)				

LIST ANY OTHER MONTHLY EXPENSES. THESE EXPENSES ARE NOT TYPICALLY PAID WITH EMPLOYEE RELIEF FUNDS, BUT THEY ARE CONSIDERED IN MAKING A DECISION ABOUT YOUR APPLICATION.

Purpose	Due Date	Monthly Payment	Late Fees	Total Payment Requested (Attach invoices or receipts)
Cable/Internet				
Child Care/Support				
Other (please specify)				

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.



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PLEASE ANSWER THESE ADDITIONAL QUESTIONS IF YOU HAVE NOT COVERED THEM IN YOUR PREVIOUS ANSWER.

1. Who was directly affected by the natural disaster, catastrophic event or serious illness?

2. When did the aforementioned event occur? How long did it last?

3. How has the event affected your household finances?

4. What significant alternatives were used to meet this emergency (e.g., created a payment plan with service provider, contacted social services and/or churches, used EAP)?

5. What actions have been taken to resolve the situation?

APPLICANT'S CURRENT SITUATION

6. Are you/your spouse currently out of work? No Yes If Yes, how long? From: _____ To: _____

7. When do you anticipate returning to work? _____

8. Have you/your spouse been approved for FMLA? No Yes If Yes, how long? From: _____ To: _____

(Attach FMLA Documentation with this Application)

9. Are you and/or your spouse currently receiving Short-Term Long-Term Disability? No Yes

(Attach Approved Documentation)

10. Are you/your spouse receiving Worker's Compensation? No Yes (Attach Approved Documentation)

11. Have you/your spouse used all vacation & disability time? No Yes

12. Are you/your spouse receiving a regular salary? Yes No > If No, how much and why?

13. Have you solicited/received assistance from other organization(s)? No Yes

If Yes, list organization(s) and amount(s) requested and received: _____



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APPLICANT/EMPLOYEE INCOME			
Gross Annual Household Income	\$	Current Monthly 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	\$
OTHER FINANCIAL INFORMATION (Please enter "0" or "N/A" for not applicable in all boxes.)			
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 SELECTION 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.

 Recipient/Employee Signature

 Date