

Special Assistance Fund (SAF) Request Form

This document must be completed when presenting a request for the Special Assistance Fund. The Committee will not consider claims of less than \$200. The employee or retiree must sign this request, or a signed authorization must accompany this request in order for the claim to be assessed and discussed. **The original copies of receipts must also accompany this request.**

Applicant's name			
ID Number			
Representative			
Affiliation			
Is this a first request?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please indicate the amount that is being requested.			
Please provide details on the service or supply that is considered for reimbursement*:			
Date(s) of purchase:			
Does this applicant currently have coverage under policy 51089?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has this been submitted to Great-West Life under policy 51089?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If answered 'yes', please indicate the amount that was reimbursed. (Please include the Claimant's Explanation of Benefits provided by Great-West Life.)			
Is the applicant entitled to benefits under another insurance or government plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If answered 'yes', has the claim been submitted to the other plan? Please indicate the amount that has been reimbursed.			
Is it expected that the claimant will submit other claims for this service or supply?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>

Employee/Retiree Authorization
<p>I, _____ authorize the SAF Committee to review my request <small>(Print Name)</small></p> <p>and certify that the information is true, correct and complete to the best of my knowledge. I also understand that my medical information will have to be shared and reviewed by the SAF Committee in order to assess my request.</p> <p>Signature: _____ Date: _____</p>

For use by the SAF Committee only.
<p><input type="checkbox"/> The SAF Committee recommends that 100% of the claims presented be paid.</p> <p><input type="checkbox"/> The SAF Committee does not recommend reimbursement of these claims.</p> <p><input type="checkbox"/> Other: _____</p> <p>Total amount disbursed to date (including this claim): \$ _____</p>

* Please attach a separate page if additional space is needed.