



DALRC Retiree Assistance Program, Inc. 2018 Assistance Grant Guidelines and Application

Purpose

DALRC Retiree Assistance Program, Inc. (RAP) provides financial assistance for qualified members of the Community of Delta Retirees who are experiencing financial difficulties due to severe health or medical issues.

Eligibility to Receive a Grant

You are eligible to receive a grant under RAP if you meet **both** of the following conditions:

- Your annual **gross** income does not exceed **\$49,000 for 2017**, if you are single, or **\$65,000**, if you are married, and you expect your annual **gross** income will not exceed that amount in 2018. If your income exceeds the applicable amounts, you may be eligible to receive a reduced grant.
- You are a member of the Community of Delta Retirees, as defined below.

Community of Delta Retirees

You are a member of the Community of Delta Retirees if you are covered by one or more of the following three categories:

Category 1 – You were a domestic employee of Delta Air Lines, Inc. (**Delta**) whose employment with Delta ended either:

- at or after age 50 with at least 25 years of service;
- at or after age 52 with at least 10 years of service; or
- due to long-term disability and you had at least 10 years of service.

Category 2 – You are the spouse, or the surviving spouse who has not remarried, of a former Delta employee covered by Category 1.

Category 3 – You (a) were receiving a grant under RAP on December 31, 2017; and (b) continue to be a member of the Community of Delta Retirees as defined under the Guidelines in effect on that date.

Types of Financial Assistance Available

A RAP assistance grant may be used to pay for the following items:

- Medical, prescription, dental and vision health insurance premiums.
- Medical and prescription bills due to illness, diabetic supplies or other necessary equipment/supplies not reimbursed by insurance that can be substantiated by an invoice from the provider dated no earlier than 12 months prior to the grant being approved.
- Necessary dental work not reimbursed by insurance. Necessary dental work does not include routine dentist visits, fluoride treatments, or elective cosmetic work including implants not covered by insurance.
- Eye exams and eyeglasses not reimbursed by insurance. Cost of frames must be reasonable and customary.
- Certain travel expenses incurred due to traveling out of town to receive necessary medical treatment.

- Hearing aids recommended by a physician or audiologist, not reimbursed by insurance.
- Physician required health and welfare items such as wheelchairs, walkers, scooters, and other medical equipment not reimbursed by insurance.
- Necessary assistive devices, wheelchair ramps, transportation to the doctor, etc., not reimbursed by insurance.
- Qualified in-home, assisted living, nursing home or hospice care, not reimbursed by insurance.
- Items or services essential for well-being and not otherwise available without a RAP grant.
- Other non-routine health related items or services not reimbursed by insurance and not specifically mentioned above, but deemed appropriate by competent professional health care providers.

Items not covered by a RAP Grant

- Funeral Expenses.
- Elective medical procedures.
- Insurance premiums for items such as cancer insurance, long-term care, and other related insurance policies.
- Any other expenses not deemed necessary and appropriate by the RAP Board of Directors.

Duration of Grant

The RAP Board of Directors may approve a grant at any time during the calendar year. The grant period is valid for 12 months following the date of approval. A grant may be approved for payment for services rendered no more than 12 months prior to the start of the grant period.

Renewal of Grants

Renewal of a grant is not automatic. It is the applicant's responsibility to reapply for a grant.

Maximum Grant Amount

As of January 1, 2018, the maximum 12-month grant is \$12,000 per applicant. For a married couple, the maximum grant is \$24,000, but neither spouse is eligible to receive more than \$12,000. These amounts are subject to change annually.

Acceptance, Approval, and Notification to Applicant

An application, in order to be considered, must first be accepted by the RAP Board of Directors. The Board will not accept an application until the entire form is completed and accompanied by all required documents. Submission of an incomplete application will delay Board action. Board action and notification to the applicant will normally be completed within two weeks after the date the application is accepted. Distribution of the grant will normally begin within two weeks after the date of approval.

Distribution of Grants

Grants for payment of health insurance premiums are payable to the insurance company if paid by check. If premiums are automatically deducted from the applicant's bank account, the bank statement showing the premium amount must be submitted. Premium payments will then be paid to the applicant.

Grants for all other types of assistance are paid by RAP directly (a) to the applicant's provider or (b) to the applicant, if qualifying expenses have already been incurred and paid by the applicant.

Administration

RAP is administered by the RAP Board of Directors, which has the sole and absolute authority and discretion to interpret, amend, and make exceptions to RAP, including these Guidelines. All decisions by the RAP Board of Directors are final and binding.

Erroneous Applications

Upon becoming aware that an application for which a grant was approved contains a material misstatement or a material omission, the Board of Directors will, at its sole discretion, take such action, as it deems prudent and reasonable to recover the funds and related expenses incurred in such recovery. By failing to take immediate action, the Board does not waive its right to take action at a later date.

Confidentiality

The information provided in an application is confidential and will be treated as confidential within the RAP organization. Access to this information will only be by specific authority of the RAP Board of Directors or as required by law.

Frequently Asked Questions

How do I apply for assistance from RAP? – Complete this application and mail it, along with all requested supporting documentation.

Where do I send the application? – Mail the application and all supporting documents to:

**DALRC Retiree Assistance Program, Inc.
155 Westridge Parkway, Suite 220
McDonough, GA 30253**

Is there an income limitation for receiving a RAP grant? – Yes, there is a limit. If the income limit is exceeded, an applicant may be eligible to receive a reduced grant.

- **Annual Gross Income** must not exceed **\$49,000**, if you are single, or **\$65,000**, if you are married.

Can a retiree and his or her spouse apply for separate (individual) grants during the same grant period? - Yes

I am a widowed (widower) retiree. If I remarry, will my new spouse be eligible for a RAP grant? – Yes, provided you and your new spouse meet the eligibility requirements.

I am a surviving spouse of a retiree. If I remarry, will my new spouse be eligible for a RAP grant? – No. A surviving spouse becomes ineligible for a grant upon remarriage unless your new spouse is a Delta retiree and qualifies.

Is there a deadline to apply for a RAP grant? – No. Grants are awarded based on a 12 consecutive month period, not a calendar year.

If I qualify for a RAP grant, will I automatically qualify for another grant after 12 months?

No. You must reapply by submitting another grant application.

Can Delta provide me with information regarding RAP or RAP grants? – No. Delta has no part in the administration of the DALRC Retiree Assistance Program, Inc. RAP is administered by an independent Board of Directors. Direct any questions to the RAP Board of Directors.

IMPORTANT INSTRUCTIONS

Mail only pages 5 through 11 of this document, along with the required documents described on page 10 to the following address:

**DALRC Retiree Assistance Program, Inc.
155 Westridge Parkway, Suite 220
McDonough, GA 30253**

For purposes of pages 5 through 11 of this document:

- **“Retiree” is defined as a former Delta employee who is a member of the Community of Delta Retirees.**
- **“Spouse” and “Survivor” are defined as the spouse, or the surviving spouse who has not remarried, of a former Delta employee who is or was a member of the Community of Delta Retirees.**

How did you hear about us? _____

**IMPORTANT: This application is for:
(Circle One)**

Retiree Spouse Survivor

PERSONAL INFORMATION

Retiree/Survivor Last Name		Retiree/Survivor First Name	
Retiree Date of Birth		Marital Status	
Retiree Date of Hire		Retirement Date	
Spouse Last Name		Spouse First Name	
Spouse Date of Birth			
Address Line 1			
Address Line 2			
City, State, Zip Code			
Home Phone		Preferred Phone	
Cell Phone		Email Address	

If you or your spouse is employed, complete the following

Your Employer	
City, State, Zip Code	
Spouse's Employer	
City, State, Zip Code	

Other Business Activity

Yes ___ No ___ If yes, briefly describe the business or enterprise and the nature of your involvement. Use the back or a separate sheet if necessary.

INCOME AND EXPENSES

Common income or expense categories are listed in the following charts. Absence of a pre-printed category in a chart does not relieve the applicant of the responsibility to report it.

Current Monthly Income

Source	Retiree or Survivor <u>Gross Monthly</u> Income	Spouse <u>Gross Monthly</u> Income
Delta Pension		
Social Security		
Social Security Disability		
PBGC		
Child Support		
Survivor's Income		
Investments, stocks, bonds		
Alimony		
Interest		
Other Employment		
Other Business Income		
Income from 401k		
Income from IRA		
Disability Insurance		
Trust		
Other (Specify)		
Total Gross Monthly Income		

Cash Assets

Cash on Hand as of Date:	Retiree or Survivor	Spouse
Checking Account		
Savings Account		
Certificates of Deposit (market value)		
Stocks/Bonds/Mutual Funds (market value)		
401K		
IRA		
Money Market Fund		
Health Savings Account		
Debts owed to you		
Cash Value of Whole Life Insurance Policy		
Other Assets (Specify)		
Total		

Non-Cash Assets

Combined Assets	Market Value	Balance Owed
Primary Residence		
Second Home / Vacation Property		
Auto		
Motorcycle		
Boat		
Airplane		
Recreational Vehicle		
Other Real Estate		
Other Assets (List)		
Total Non-Cash Assets		

Monthly Household Expenses

Item	Monthly Expense	Past Due Balance
Rent/Mortgage		
Utilities (electricity, gas, water)		
Telephone, Cable, Internet, Television		
Food		
Homeowner's / Renter's Insurance Premiums (monthly)		
Real Estate Tax (monthly)		
Auto Insurance (monthly)		
Auto Payment, 1 st Car		
Auto Payment, 2 nd Car		
Auto Gas		
Medical expenses and copays not covered by health insurance		
Hygiene and medical supplies required due to health issues		
Health Insurance Premiums (monthly)		
Medicare Insurance Premium (monthly)		
Life Insurance Premiums (monthly)		
Other (explain on reverse side)		

Loan Expenses (Include Auto, Credit Cards, Mortgage, Personal Loans, etc.)

Creditor	Monthly Payment	Past Due Amount	Balance

IMPORTANT:

Before submitting your application, you must enclose the following documentation with your application. You may be asked to provide additional documentation during the approval process.

- **A copy of your and/or your spouse's Delta Retiree ID card (if applicable)**
- **A copy of your and your spouse's Driver's License**
- **A copy of your and/or your spouse's most recent Delta pension pay statement.**
- **A copy of your health insurance premium bill. If the premium is automatically deducted from your bank account, send a copy of your bank statement displaying the premium deduction. Be sure to completely black out all account number(s) on bank statement (s).**
- **A copy of your most recent IRS Form 1040, 1040A, or 1040EZ and all supporting IRS schedules. Be sure to completely black out all references to your Social Security number.**
- **A copy of your most recent statement from Social Security titled "Your New Benefit Amount".**
- **Copies of all applicable health related statements, bills, and invoices to support the expenses you are requesting in this application.**

Applicant's Certification

Please initial each item below.

- _____ I understand grants must be approved by the RAP Board of Directors and that the Board's decision will be based on information I have provided in this application. I also understand the decisions of the RAP Board of Directors are final and not subject to challenge in any forum.
- _____ I understand that RAP hardship income funding is derived from voluntary contributions to the fund from my fellow retirees and active employees. While a grant may be approved, actual payment of a grant may be delayed if funds are not immediately available.
- _____ I agree that this application, together with any enclosures or attachments, becomes the property of RAP, whether or not my application for a grant is approved, and that the application, together with any enclosures or attachments will not be returned.
- _____ I agree to notify RAP if my circumstances change and I no longer qualify for a grant.
- _____ I understand and agree that knowingly or intentionally making a false statement on this application for a financial grant from RAP may constitute fraud.
- _____ I understand and agree that if my RAP application contains a material misstatement or a material omission, the RAP Board of Directors may in its sole discretion require me to repay all or part of any RAP grants that I received.
- _____ I understand that the RAP decision may or will be based on any information submitted by me, including Personal Health Information (PHI), and that I have voluntarily disclosed such information to RAP and consent to RAP using such PHI in any RAP decision.
- _____ I understand that RAP does not act as a "Covered Entity" under HIPPA regulations, but that RAP shall treat PHI as confidential and will not disclose such information to an unrelated third party, other than to RAP's consultants, auditors or attorneys.

I certify that I understand all initialed items above and agree to all the terms and that all information provided in this application is, to the best of my knowledge, true and accurate.

Applicant's Signature

Date Signed

Revised: May 1, 2018