

## ABOUT OUR TEAM MEMBER EMERGENCY FUND

The Team Member Emergency Fund was originally formed in 2008 to aid Sun Health Communities' team members in times of need. In 2020, Sun Health Foundation began the administration of the Team Member Emergency Fund to help build awareness and streamline employee giving through the Better Together campaign.

Sun Health's Team Member Emergency Fund began when a team member approached management with a request to hold a bake sale to assist with a coworker's medical bills. With more than 400 team members on staff at that time, Sun Health leaders saw a tremendous opportunity to create a formal plan to support team members in need. As a result, the Team Member Emergency Fund was formed. It has brought much needed support to many team members in need and is sure to positively impact the lives of many more to come.

### ELIGIBILITY

All Sun Health team members are eligible to receive a grant after 90 days of continuous employment.



*With a staff of more than 700 team members, Sun Health's senior leaders make retaining and developing the staff a top priority. The Team Member Emergency Fund is just one of the ways Sun Health shows its gratitude for our team's commitment to an exceptional experience for our residents, members and community.*

To support this initiative, make your Better Together contribution through payroll deductions or make your personal check payable to:

Sun Health Foundation  
Mail to: 14719 W. Grand Ave.  
Surprise, AZ 85374

To make your gift online, go to [employees.sunhealth.org/giving-back/bettertogether](https://employees.sunhealth.org/giving-back/bettertogether)

Donations may be tax deductible. Sun Health is 501(c)(3). Tax ID #23-7107959.



## Team Member Assistance Program

Your Better Together contribution will help team members in need through the Sun Health Team Member Emergency Fund



### OUR PURPOSE

To provide monetary assistance to team members in their greatest time of need.

### SUPPORT REQUESTS

This association was created to provide monetary assistance to team members in need for reasons such as, but not limited to:

- Funeral expenses for immediate family members
- Living expenses due to damage caused to an employee's dwelling (fire or storm)
- Excess medical costs
- Living expenses incurred due to an unexpected emergency situation will be considered on a case by case situation

You can help  
team members  
in need.



SUN HEALTH'S  
TEAM MEMBER EMERGENCY FUND  
HAS GRANTED MORE THAN  
**\$70,000**  
SINCE ITS INCEPTION IN 2008.

## FUNDS

Funds for the Team Member Emergency Fund are made possible by:

- Employee and resident donations
- Community member and provider donations
- Fundraisers, like *Better Together*

## REQUESTS

Grant request forms can be obtained on the Employee Portal. Requests for grants are confidential and can be made on behalf of one's self or for a fellow team member. Team members are limited to one-granted request every 90 days. These limits are designed to maximize available funds in order to provide assistance to more team members in need.

## DECISIONS

Notification to the requesting party will be made by an Association representative. The maximum grant award per team member is \$1,000 per year.

## SELECTION COMMITTEE

Awards are granted through the selection committee. The committee consists of seven team members, representing each of the business centers, who have a minimum of 90 days with the organization (unless there is an extreme need). The selection committee evaluates the grants based on the needs outlined by the team member.

## OVERSIGHT COMMITTEE MEETINGS

The Team Member Emergency Fund is a part of the Sun Health Foundation and is governed by the Team Member Emergency Fund Oversight Committee. They oversee the administration of the Team Member Emergency Fund grants and implement ideas to raise funds to support the program.



PLEASE MAKE YOUR GIFT ONLINE OR FILL OUT  
AND RETURN THE FORM BELOW

## TEAM MEMBER PAYROLL DEDUCTION

I, \_\_\_\_\_  
would like to contribute the following amount each pay period through the *Better Together* Campaign for the benefit of the Team Member Emergency Fund. This deduction will begin at the start of the next pay period.

\$1     \$5     \$10     \$15

Other \$ \_\_\_\_\_

EMPLOYEE SIGNATURE

DATE

## ONE-TIME CONTRIBUTION

I, \_\_\_\_\_  
would like to contribute the amount of  
\$ \_\_\_\_\_  
to the *Better Together* Campaign for the benefit of the Team Member Emergency Fund.

NAME

ADDRESS

CITY/STATE/ZIP

Donations may be tax deductible. Sun Health is  
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Please make checks payable to



To contribute:

Please complete, detach & submit form to Sun Health Foundation ▶