

DISBURSEMENT REQUEST

YOU'RE IN OUR THOUGHTS (YIOT) CLUB

Associate: _____ Date: _____

Associate's Department: _____

Name of person completing form: _____

Reason For Disbursement

Death of Associate, Spouse, or Minor Child/Step-Child

Name of Deceased: _____

Relationship to Associate: (check appropriate circle)

- Associate Minor Child/Step-Child
 Spouse

Name of Memorial Fund: _____

Death of Associate's Relative

Name of Deceased: _____

Relationship to Associate: (check appropriate circle)

- | | | |
|--|--|------------------------------------|
| <input type="radio"/> Grown child/step child | <input type="radio"/> Brother | <input type="radio"/> Sister |
| <input type="radio"/> Parent | <input type="radio"/> Grandchild | <input type="radio"/> Grandparent |
| <input type="radio"/> Step-Parent | <input type="radio"/> Step-Grandparent | <input type="radio"/> Step-Sibling |
| <input type="radio"/> Mother-in-law | <input type="radio"/> Father-in-law | |

Illness / Injury (check appropriate circle)

- Hospitalization Outpatient Surgery at Home (4 days or more)

Birth / Adoption

Baby's Name: _____ Date of Birth/Adoption: _____

Gender: Boy Girl

Wedding

Date of Marriage: _____

Associate's Married Name: (if changed) _____

Graduation of Associate

Date of Graduation: _____

Name of High School / College: _____

Degree Completed: High School Associate's Degree
(Check appropriate circle) Bachelor's Degree Master's Degree

Retirement

Last day of employment: _____ No. of Years Employed: _____

Benevolence

(Example: house fire, natural disaster, personal tragedy)
Benefit amount determined by HCHC Executive Team

Signature

Signature of Person Submitting (Optional) Date

Return completed form to the Human Resources Department