



DALRC Retiree Assistance Program, Inc. 2017 Assistance Grant Guidelines and Application

Scope and General Guidelines

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.

Definitions:

Community of Delta Retirees –The “Community” includes:

- All retirees of Delta Air Lines, or the Delta Community Credit Union (if retired from the DCCU prior to January 1, 2015), their spouses, or surviving spouses who have not remarried, and who receive a pension or survivor benefit from Delta or the Pension Benefit Guarantee Corporation (PBGC); **or**
- Survivors who have not remarried and whose spouse was an active employee for at least 15 years but placed on Long Term Disability prior to attaining retirement status, and who currently receive payments from the Delta Disability and Survivor Trust; **or**
- Employees who were active for at least 15 years and placed on Long Term Disability prior to attaining retirement status and actively receiving payments from the Delta Disability and Survivor Trust; **and**
- Who are residents of the United States.

The Community does not include:

- A survivor who has remarried, unless the new spouse is also a Delta retiree, and qualifies, **or**
- Individuals who retired from Delta’s predecessor air lines (C&S, NE, WA, PA, and NW) prior to the merger or acquisition date.

Delta Affiliated Health Insurance Plan or (Affiliated Health Insurance Plan) - Includes those health insurance plans recognized by Delta. These plans are the Insurance Trust for Delta Retirees (Trust), the Delta Pilot Medical Plan (DPMP), and the Delta Family Care Medical Plan (DFCMP).

Grant Period – That 12 month period which commences with the effective date of an assistance grant and ends 12 months later. This 12 month grant period is not necessarily the same as a calendar year.

Pension Benefit Guarantee Corporation (PBGC) - A federal agency created by the Employee Retirement Income Security Act of 1974 (ERISA) to protect pension benefits in private-sector traditional pension plans known as defined benefit plans. Delta pilot pensions were transferred to the PBGC during the bankruptcy. For more information visit <http://www.pbgc.gov/>.

RAP – DALRC Retiree Assistance Program, Inc.

Eligibility for Assistance

To be eligible for consideration for a RAP assistance grant an applicant must:

- Meet the criteria as described under the section on Page 1 titled **Community of Delta Retirees.**
and
- Have annual income that does not exceed **\$44,550** if you are single or **\$60,075** if you are married and living with your spouse, and resources (assets) limits of **\$34,100** if you are single, and **\$68,125** if you are married and living with your spouse.
- If a retiree or the spouse of a retiree is already approved for a grant, the other spouse automatically becomes eligible for a grant within the same annual grant period.

Types of Financial Assistance Available

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

- Medical, prescription, dental and vision health insurance premiums for a Delta Affiliated Health Insurance Plan,
- Medical, prescription, dental and vision health insurance premiums for a non-Delta Affiliated Health Insurance Plan, not to exceed **\$270** per person per month.
- Medical and prescription bills due to illness, diabetic supplies or other necessary equipment/supplies not reimbursed by insurance and can be substantiated by an invoice from the provider(s) 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, routine fillings, fluoride treatments or elective cosmetic work.
- Eye exams and eyeglasses not reimbursed by insurance. Cost of frames shall be reasonable and customary.
- Hearing aids recommended by a physician or audiologist, not reimbursed by insurance.
- Physician required health and welfare items such as wheelchairs, 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 falling into this category are reimbursed at the sole discretion of the RAP Board of Directors.

Items not covered by a RAP Grant

- Funeral Expenses
- Elective medical procedures
- Any and all other expenses not deemed necessary and/or appropriate by the Board of Directors

Duration of Grant(s)

Grants may be approved at any time during the calendar year. The grant period shall be valid for 12 months following the date of approval. Grants may be approved for retroactive payment provided the bills/invoices have not been paid and are no more than 12 months old prior to the start of the 12 month grant period.

Renewal of Grants from One 12 Month Period to the Next

Renewal of a grant is not automatic. Responsibility to reapply for a grant lies with the individual.

Maximum Grant Amounts

As of January 1, 2017, the maximum 12 month grant shall not exceed \$8,100 per applicant. For a married couple, the maximum grant will not exceed \$16,200 for two; however, neither spouse shall be eligible for more than \$8,100. This amount is subject to change annually.

Acceptance, Approval, and Notification to Applicant

An application, in order to be considered, must first be accepted. 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 only delay Board action. Board action and notification to the applicant will normally be completed within two weeks of the date the application is accepted. Distribution of the grant will normally begin within two weeks of the date of approval.

Distribution of Grants

- Grants for payment of health insurance premiums shall be made payable to the insurance company if paid by check. If premiums are automatically deducted from your 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 shall be paid by RAP directly to the grantee's provider(s) or to the applicant if qualifying expenses have already been incurred and paid by the applicant.

Mismanagement of Personal Finances

Grants are not available when the hardship is the result of mismanagement of personal financial affairs. An example of mismanagement would be the use of a credit card for non-essential goods or services resulting in the inability to pay for necessary medical services.

Exceptions to Policy

The Board of Directors reserves the right to make exceptions to any part of this policy. If the Board makes an exception to this policy, no error shall have occurred and the decision of the Board may not be challenged on that account. The decision of the Board is final.

Fraud

Upon becoming aware that an application for which a grant was approved is later shown to be intentionally fraudulent, the Board of Directors will, at its discretion, take such action, as is prudent and reasonable to recover the funds and related expenses incurred in such recovery. By failing to take immediate legal action, the Board does not waive its right to take action at a later date.

Confidentiality

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

DALRC Retiree Assistance Program, Inc. (RAP)

Frequently Asked Questions

How do I apply for assistance from RAP? – Complete this application and mail it, along with all requested supporting documentation to the address on Page 11.

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 or financial resource limitation for receiving a RAP grant? – Yes. There is a limit on both. If either is exceeded an applicant is not eligible for a grant.

- **Gross Income** must not exceed **\$44,550** if you are single or **\$60,075** if you are married and living with your spouse.
- **Financial resources (otherwise known as assets)** may not exceed **\$34,100** if you are single or **\$68,125** if you are married and living with your spouse. “Financial resources” does not include your primary residence, one automobile or household items.

Can a retiree and their 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 grant qualifications.

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.

PERSONAL INFORMATION

Last Name		First Name	
Date of Birth		Marital Status	
Employee and/or Survivor Number		Station & Dept	
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.

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		
IRA/401k		
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		
Retirement Accounts (market value)		
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 Expenses

Item	Monthly Expense	Past Due Balance
Rent/Mortgage		
Utilities (electricity, gas, water)		
Telephone, Cable, Internet, Television		
Food		
Health Insurance Premiums (monthly)		
Homeowner'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		
Life Insurance Premiums (monthly)		
Other (explain)		

All Loan Expenses (Including Credit Cards, Mortgage, Personal, Etc.)

Company	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 Delta Retiree ID card (if applicable)
- A copy of your spouse's Delta Retiree ID card (if applicable)
- A copy of your and your spouse's Driver's License
- A copy of your most recent Delta retiree or survivor pay statement or PBGC pay statement
- A copy of your spouse's most recent Delta pension pay statement and/or pension statement (if applicable)
- A copy of your health insurance premium bill or bank statement, if premium is automatically deducted from your bank account (only if requesting assistance with paying the premium). Be sure to completely black out all references to account number(s) on bank statement (s).
- A copy of your most recent IRS Form 1040, 1040A, or 1040EZ and all supporting IRS schedules.
- Copies of all applicable statements, bills, and invoices to support the expenses you are requesting in this application; however, do not include routine utility bills, credit card bills, etc.

Applicant's Certification

As an applicant for financial assistance from the DALRC Retiree Assistance Program, Inc., (RAP) you are required to agree to each of the following certifications by initialing each point, and by your signature at the bottom of this application.

_____ 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 and 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 in making a fraudulent application for a RAP grant, I forfeit consideration of this or any other future awards under any RAP program.

I certify that all information provided in this application is, to the best of my knowledge, true and accurate.

Applicant's Signature

Date Signed

IMPORTANT INSTRUCTIONS

Mail only pages 5 through 10 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**