

### **Sunshine Fund Guidelines**

The purpose of the Sunshine Fund is to bring a ray of sunshine into the lives of our coworkers. When things aren't going well for us either because of fire, catastrophic accident or illness, death or other tragic circumstances, it is comforting to know that our Terre Haute Casino Resorts' family cares about us.

Any cash found on the casino floor and turned into the cage will be used to establish and maintain the Sunshine Fund. Fundraisers may be held to fund the account as well (i.e. jeans' days, golf tournaments). This Fund will be maintained by the Accounting Department.

Because we are such a large company, it is extremely difficult to know what is happening with all our co-workers. The Sunshine Fund can successfully operate only if co-workers let Management know when there is a team member in need. Eligible team members are team members who have been continuously employed with Terre Haute Casino Resort for at least six months.

The Sunshine Fund Guidelines are listed below.

- Requests for assistance for team members should be directed to Human Resources.
- Requests can be made by email to Human Resources via [HR@thcasinoresort.com](mailto:HR@thcasinoresort.com) or in person by paper application.
- The Senior Director of Human Resources will forward all requests to the Sunshine Fund Committee.
- Requests will be kept confidential within the Committee.
- The Committee will review the request and determine an appropriate level of funding.
- The Committee will notify the affected team member within one (1) week of receipt of request as to whether or not any assistance will be provided.
- Please note: Application approvals are based on the availability of funds in the account.
- The Committee, at its discretion, may approve applications with special circumstances.

The Sunshine Fund is a separate entity of Terre Haute Casino Resort. It consists of an expanding pool of charitable dollars – permanently committed to meeting the needs of the team members of Terre Haute Casino Resort. Eligible recipients must be experiencing severe financial need due to an unexpected emergency which has already occurred for reasons beyond a person's control, which may lead them having to do without the basic necessities of life (food, clothing, shelter or health care). It is the intent of the fund to only be used once in a lifetime. All requests, whether approved or denied, will be kept confidential.

Any team members, who are in need of this type of financial assistance, please contact the Human Resources department.

#### **How the Process Works**

- Team member must be employed at Terre Haute Casino Resort no less than six months.
- A packet, available in Human Resources, must be completed in full detail.
- Any receipts or appropriate documentation that would be beneficial for the Committee to make a decision should be attached to the Application. Applications without supporting documentation will not be considered.
- The Committee may ask for additional information pertaining to a specific event in question.
- Return the completed packet to the Senior Director of Human Resources.
- This information is, and will remain, confidential.
- The Senior Director of Human Resources will process the request and present it to the Committee.

- The Senior Director of Human Resources will contact the applicant to let them know if their application was approved and the date the application will be processed for payment.

**Committee Composition:**

- The Committee will be comprised of the Terre Haute Executive Committee. This group represents all facets of the property and can be convened quickly, as we understand many situations require urgent funding.
- The Senior Director of Human Resources will work with the applicant on completing the application and ensuring completeness and will then present the application to the Committee. As such, the Senior Director of Human Resources will not be a voting member of the Committee.
- The Committee can meet either in person or virtually to review and vote on an application. No less than four members of the Committee are required to approve an application.

**Confidentiality:**

- All details of the application are confidential and will not be disclosed or shared with anyone outside of the Committee.

**CRITERIA FOR CONSIDERATION**

**DOMESTIC VIOLENCE**

Assistance may be given to applicants who may need to re-establish or maintain their living arrangements due to domestic violence.

**NATURAL DISASTERS**

Assistance may be given to applicants who have experienced a flood, tornado, or other natural disaster. After all other resources have been exhausted, the monies provided will cover the expenses necessary to make their home habitable again and/or provide temporary housing. The program will not provide funding for household appliances, rugs and flooring.

**CATASTROPHES**

Monies may be provided for catastrophic events (home fires, burglaries, etc.) after all other resources have been utilized. The Sunshine Fund may provide assistance for temporary housing when necessary, while applicant's home is being repaired.

**TRAVEL EXPENSES**

Travel expenses will be considered for the following:

- Applicant to attend the funeral of an immediate relative for whom she/he had sole financial support.
- Hospice/medical care for a dependent of the applicant.
- Children of the applicant who need shelter and care due to the applicant needing medical care.
- Applicant or dependents of applicant who needs to travel in order to get proper medical treatment.

**MEDICAL**

Awards for payment of medical bills may be approved if applicant can verify that treatment for an unexpected medical problem is being withheld due to applicant's outstanding bills or lack of funds. If this is not the case, the Sunshine Fund suggests that the applicant contact their medical provider(s) to set up a monthly payment plan.

Assistance may be given to help cover medical bills of dependents that reside outside the household of the applicant or in another country as long as it can be established that the applicant is the sole or primary source of support for the “dependent.”

## Sunshine Fund Application Form

Please complete the following application in full. All fields are required unless otherwise noted. Attach any supporting documentation as instructed.

**Date of Application:** \_\_\_\_\_

### Personal Information

- **Full Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

### Employment Information

- **Job Title:** \_\_\_\_\_
- **Department:** \_\_\_\_\_
- **Date of Hire:** \_\_\_\_\_ *(Must have at least six months of employment)*

---

### Request Details

1. **Amount of Money Requested:** \$ \_\_\_\_\_  
*(Maximum amount is \$2,500)*
2. **How soon do you need the funds?**

- 
3. **What is the unexpected emergency you have experienced?**

Please provide a detailed description of the emergency and how it has impacted your financial situation.

---

---

*(If additional space is needed, please continue on a separate page)*

### Financial Information

5. **Are you willing to provide three (3) months of recent bank statements if requested?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

6. **Are you willing to provide supporting documents for all income and expenses listed?**

Yes \_\_\_\_\_ No \_\_\_\_\_

---

**Previous Assistance**

7. **Have you applied for Sunshine Funds before?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes, when did you apply? \_\_\_\_\_
  - What was the reason for your previous application?
- 

▪ **Result:** Approved \_\_\_\_\_ Denied \_\_\_\_\_ Partial \_\_\_\_\_

---

**Additional Information**

8. **Are you aware of the Team Member Assistance Program?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- *(If not, you can reach them at 1-866-695-8622 for 24-hour assistance)*

9. **Is there any other information that would be helpful in considering your application?**

---

---

---

**Documentation Checklist**

- Attach **documentation** of the reason for requesting assistance (e.g., medical bills, repair estimates, police reports, etc.).
  - Attach any **financial documents** supporting your request (e.g., proof of income, recent utility bills, etc.).
- 

**Certification and Release**

I hereby certify that the information provided in this application and any supporting documentation is true and complete to the best of my knowledge. I understand that providing false information or misrepresenting my situation may result in the denial of this request. Additionally, I agree to release Terre Haute Casino Resort, and any representatives involved in processing my application from liability related to the collection and use of information provided.

By signing below, I acknowledge that I have read and understand the terms and conditions of the Sunshine Fund.

---

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

---

**Submission Instructions:**

- Submit your completed application, along with all required documentation, to Human Resources.
- You will be notified within one week of your application's status.
- For assistance with completing this application, please contact Human Resources.