



Application for Assistance: KeyBank National Emergency Dependent Care Reimbursement Program

KeyBank National Emergency Dependent Care Reimbursement Program supports our employees through the COVID-19 pandemic by offering the ability of eligible employees to be reimbursed for up to \$1,500 of qualifying dependent care expenses during the program term through the KeyBank Hardship Relief Fund. The program is administered by Gifts of Kindness, LLC on behalf of The Columbus Foundation to help ensure funds are distributed efficiently, equitably, and with discretion. The Columbus Foundation staff will handle administration of the application process and grant-making decisions as they relate to this fund. KeyBank will not be involved with those decisions. All applications are kept in strict confidence and are considered on the basis of need and eligibility.

Please note that Key reserves the rights to modify or terminate this program at any time and for any reason with or without prior notice.

This fund will provide grants of up to \$1,500 for the reimbursement of qualifying dependent care expenses to qualified employees experiencing financial hardship due to the COVID-19 pandemic (See eligibility guidelines).

COMPLETE THIS FORM AND SEND TO:

- **MAIL: THE COUMBUS FOUNDATION ATTN: KEYBANK DEPENDENT CARE PROGRAM**
1234 E. BROAD ST.
COLUMBUS, OH 43205
- **EMAIL: KBEHR@columbusfoundation.org**
- **FAX: 614-251-4010 (ATTN: KeyBank Dependent Care Program)**

EMPLOYEE NAME

EMPLOYEE ID

HOME ADDRESS (W ITH CITY/STATE/ZIP)

() _____
HOME PHONE

() _____
WORK PHONE

EMAIL

Preferred method of contact (phone or email): _____

Are you an active employee with KeyBank that is/was required to be present at a physical Key location under their line of business' business continuity plan at the time the expense was incurred?

☐ YES ☐ No

Dates on which expenses were incurred _____

\$ _____
AMOUNT OF DEPENDENT CARE REIMBURSEMENT REQUESTED (UP TO \$1,500 MAXIMUM)

EMERGENCY TYPE (PLEASE SELECT ONE)

QUALIFIED DISASTER:

ONE TEAM. ONE GOAL. ONE BIG FAMILY.

☐ Government-declared natural disaster or state of emergency

I attest that the information provided above is true to the best of my knowledge and that the reimbursement for which I am applying will be used for caregiver expenses for which I was not compensated or reimbursed by any other source. I understand that if I knowingly provide false information, KeyBank reserves the right to take disciplinary action against me.

EMPLOYEE SIGNATURE

DATE

All information shared in this application will remain strictly confidential. The Columbus Foundation will contact a KeyBank Human Resources representative for the sole purpose of verifying employment and work role. KeyBank will receive confidential reports that share the fund's balance and number of associates served. These reports have no personal identifying information.