

The Gift Fund — Eligibility Guidelines

What The Gift Fund Does Not Cover

The Gift Fund is designed for unexpected hardship. It **does not** cover the following:

- Accumulated financial distress resulting from poor financial planning or gross negligence, including situations where scheduled work hours are not enough to cover regular monthly bills
- Maternity or paternity leave. Note: if an employee is placed on bed rest prior to a due date due to medical complications, this may qualify as a short-term illness. Contact The Columbus Foundation with questions.
- Inflation, higher gas prices, or general increases in the cost of living
- Loss of a second job or income from another employer

Who Is Eligible

To be eligible for The Gift Fund, all of the following must be true:

- You are an active Gifthealth employee, including those currently on leave, short-term disability, or paid time off
- The hardship event occurred after your official Gifthealth hire date
- The hardship event occurred after the program's launch date of July 27, 2026

The following are not eligible to apply or receive assistance:

- Contract workers
- Temporary or seasonal employees
- Interns
- Retirees
- Employees on long-term disability

Grant Amounts and Frequency

- Minimum grant amount: \$100
- Maximum grant amount: \$2,000 in a rolling 12-month period
- In the event of an employee's death, the maximum grant available to the employee's family is \$4,000
- Employees may apply multiple times within a rolling 12-month period but may not receive more than \$2,000 total during that period
- Multiple applications may be submitted for the same hardship event
- All applications must be submitted within one year (365 days) of the hardship event



- All available PTO must be exhausted before a loss of income will be considered

General Requirements

- You must provide documentation of both the hardship event and the expenses related to that event. If documents are not included with your application, The Columbus Foundation will contact you by email with a list of what is needed. The IRS requires documentation for approval.
- You have 60 days from the initial follow-up email to provide requested documents. If documents are not received within 60 days, your application will be closed. You may reapply if documents become available later, provided the timing still meets program guidelines.
- All documents must include your name and/or address. Mobile phone app screenshots are acceptable if they display your name and/or address.
- Do not submit documents containing your Social Security number, driver's license number, bank or credit card account numbers, or passwords. Redact or remove this information before submitting.
- You may be asked to provide essential monthly bills for any hardship type so the Review Committee can assess how the event creates a financial hardship for your household.
- The Gift Fund does not reimburse employees for fees incurred to obtain documents, such as death certificates.

Eligible Hardship Events, Documentation, and Covered Expenses

Documentation is required for every application to be reviewed and approved. The lists below are not exhaustive. If you cannot provide the documents listed, alternative documentation may be accepted. Contact The Columbus Foundation at [Columbus Foundation Email] with questions.

All documents must include your name and/or address. Mobile app screenshots are acceptable if they show your name and/or address. Do not submit documents containing your Social Security number, driver's license number, bank or credit card account numbers, or passwords.

QUALIFIED DISASTERS

Hardship Event	Documentation Required	Covered Expenses
Large-Scale Natural Disaster or Act of Nature (primary residence must be affected)	News articles, weather reports, insurance claims	• Rent, mortgage, or security deposit • Utilities: electric, water, natural gas, internet • Car payment or car insurance • Food • Clothing • Temporary housing



Provide the gift of health — **smarter and faster.**

gifthealth.com
(833) 614-4438

266 N 4th St #200
Columbus, OH 43215



		• Child care • Reasonable evacuation expenses • Damage repair estimates, invoices, or insurance claims • Medical expenses*
House Fire	Fire marshal's report, insurance claims, news reports	• Food • Clothing • Temporary housing • Reasonable repairs • Essential appliances and furnishings • Moving or storage expenses • Medical expenses*
Government-Declared Disaster (federal, state, or local declaration required)	News articles, weather reports, government documents	• Rent, mortgage, or security deposit • Utilities: electric, water, natural gas, internet • Car payment or car insurance • Food • Clothing • Temporary housing • Child care • Reasonable evacuation expenses • Medical expenses*
Terrorist or Military Action	News articles, government documents	• Rent, mortgage, or security deposit • Utilities: electric, water, natural gas, internet • Food • Clothing • Temporary housing • Child care • Reasonable evacuation expenses • Reasonable repairs and essential appliances or furnishings • Car payment, car insurance, non-routine vehicle repairs, public transportation, or rental car • Medical expenses*

EMERGENCY HARDSHIPS

Hardship Event	Documentation Required	Covered Expenses
Accident (must not be the result of the employee's own negligence or recklessness)	Accident or police report, insurance claim	• Rent or mortgage • Utilities: electric, water, natural gas, internet • Food • Car payment, car insurance, non-routine vehicle repairs, public transportation, or rental car • Medical expenses*
Crime Victim (violent or non-violent)	Police report, insurance claim, court documents	• Rent, mortgage, or security deposit • Utilities: electric, water, natural gas, internet • Food



Provide the gift of health — **smarter and faster.**

gifthealth.com
(833) 614-4438

266 N 4th St #200
Columbus, OH 43215



		• Clothing • Temporary housing • Child care • Medical expenses* • Reasonable repairs, essential appliances, and furnishings • Car payment, car insurance, non-routine vehicle repairs, public transportation, or rental car
Death of an Employee or an Immediate Family Member	Death certificate, obituary, or birth certificate listing the applicant as an eligible family member	• Funeral home invoice or payment receipt (applicant's name must appear on the invoice or receipt) • Travel expenses: airfare, hotel, food, gas
Domestic or Physical Abuse	Police report, court documents, letter from a social worker or counselor. In some cases a letter from a manager or supervisor may be accepted.	• Security deposit • Application fees and first month's rent for new housing • Temporary housing • Moving expenses • Medical expenses*
Emergency Travel for Medical Treatment, Ill Family Member, or Family Funeral	Doctor's note, hospital paperwork, death certificate, obituary	• Airfare, hotel, rental car, food, gas
Experiencing Homelessness (must result from landlord selling property, landlord negligence, or being asked to leave a residence listed on your lease or mortgage; employees in violation of their lease are not eligible)	Eviction notice, court documents, letter from landlord, case manager documentation, shelter documentation, or medical documentation	• Security deposit and application fee for new housing • Moving expenses including moving truck or storage unit • Temporary housing
Illness or Injury	Doctor's note, hospital paperwork, medical chart screenshots, FMLA or leave of absence paperwork, pay stubs	• Rent or mortgage • Utilities: electric, water, natural gas, internet • Car payment or car insurance • Food • Medical expenses*
Loss of Child Support Payments (inability to pay child support is not eligible)	Court documents, bank statements, pay stubs, termination letter, police report	• Rent or mortgage • Utilities: electric, water, natural gas, internet • Car payment or car insurance • Food • Medical expenses*



Military Deployment	Deployment paperwork, pay stubs	• Rent or mortgage • Utilities: electric, water, natural gas, internet • Car payment or car insurance • Food • Clothing
Non-Routine Vehicle Repair (covers repairs to an existing vehicle only; new vehicle purchases are not eligible)	Vehicle registration, insurance documents, professional repair estimate	• Professional repair estimates or invoices • Rideshare, public transportation, or rental car receipts
Residential Disaster (homeownership required; examples include foundation damage, septic tank failure, sewer line damage, or water well damage; does not cover normal wear and tear or routine home repairs)	Insurance documents, professional repair estimates citing the cause of damage, news articles	• Non-routine repairs to the home, structure, or appliances that provide basic needs
Spouse or Partner Loss of Job or Income	Termination letter, pay stubs, unemployment claim documentation	• Rent or mortgage • Utilities: electric, water, natural gas, internet • Car payment or car insurance • Food

**Employees must be enrolled in a health insurance plan to be eligible for medical expense assistance.*

Ineligible Expenses

The following expenses are not covered. This list is not exhaustive and is subject to the discretion of the Review Committee.

- Non-essential utilities such as cable, television, or cell phone
- New vehicle purchase
- Legal fees
- Wage garnishments
- Credit card debt
- Payday loans
- Expenses resulting from lack of homeowners or medical insurance
- Private school or higher education tuition
- Expenses related to divorce or child custody settlements
- Veterinary expenses



Provide the gift of health — **smarter and faster.**

gifthealth.com
(833) 614-4438

266 N 4th St #200
Columbus, OH 43215



- Employee benefits during coverage waiting periods

Definition of Immediate Family Member

For purposes of The Gift Fund, an immediate family member is defined as a close relative, including in-law and step relations, who is financially dependent on the employee. This includes:

- Spouse or partner
- Child of the employee or the employee's partner
- Parent
- Sibling
- Grandparent
- Grandchild
- Guardian

The Gift Fund is administered by The Columbus Foundation on behalf of Gifthealth. For questions, contact The Columbus Foundation at thegiftfund@columbusfoundation.org or 614-545-3260.

CONFIDENTIAL — This document contains proprietary information of Gifthealth, Inc. Do not distribute without authorization.



Provide the gift of health — **smarter and faster.**

gifthealth.com
(833) 614-4438

266 N 4th St #200
Columbus, OH 43215

