

Becton, Dickinson and Company

Employee Disaster Relief Fund (“Fund”) Application

The BD Employee Disaster Relief Fund provides financial assistance to Eligible Employees (as defined below) of BD to help with critical expenses that are not covered in other ways as a result of a Qualified Disaster (“Incident;” “Qualified Disaster” is defined below). The financial assistance is a grant that is a gift to the Eligible Employee that does not need to be repaid. The “**Date of the Incident**” shall mean the date on which the Incident occurred. The Fund is not intended to cover 100% of an employee’s expenses.

“Qualified Disaster” means a disaster that is a Presidentially declared disaster.

The Community Foundation of New Jersey (the “**Foundation**”) administers the Fund. Each application is reviewed on a case-by-case basis. The Foundation, in its sole discretion, determines eligibility and assistance amount.

All financial assistance will be restricted to charitable emergency assistance to Eligible Employees, meaning those who are either regular active full-time or part time employees of BD in either the United States or Puerto Rico. Please note that the Board Directors and Corporate Officers of the Company are excluded from the definition of Eligible Employees.

To apply for assistance you must have been an employee of BD at the time of the Qualified Disaster. In addition, the application relating to the incident must be filed no later than 120 days after the date of the qualified disaster.

Eligible Employees may receive a maximum of one grant per Incident with a maximum of one grant for assistance per calendar year. The maximum grant award is \$5,000. Awards are based on the *level of need* and may vary at the discretion of the Foundation.

The Fund can help eligible employees affected by a Qualified Disaster pay for basic living expenses not covered by insurance or help from other organizations including housing, home repair (**for primary residence only**), food, clothing and other basic living essentials. The Fund cannot pay to repair other property and cannot pay to replace non-essential items such as electronics. The intention of the Fund is to help those who have limited financial resources available to them and are experiencing significant pressure on the family’s financial resources resulting from the Qualified Disaster.

Program guidelines restrict assistance to eligible employees experiencing severe financial need which can be documented and is a result of a Qualified Disaster. Severe financial need does not include:

- Needs met by other agencies or programs including employee benefits, FEMA disbursements, etc.
- Reduced hours worked or pay (lost compensation due to missed time from work
- Legal fees
- Expenses associated with divorce settlements or child custody cases
- Child care
- Items covered by insurance
- Insurance Co-pays, premiums or deductibles
- Items covered by Individual insurance policies
- Student loans
- Routine, on-going or long term medical expenses
- Elective medical procedures or those covered by insurance
- Credit card bills
- Property or income taxes
- Home foreclosure
- Routine car repair
- Accumulated financial distress or situations resulting from poor financial management
- Accidental damages due to negligence
- Travel expenses outside the Eligible Employee’s local area
- Damage to a non—primary residence
- Replacement of non-essential utilities, e.g., cable
- Replacement of non-essential items such as electronics

Becton, Dickinson and Company

Employee Disaster Relief Fund ("Fund") Application

YOUR GENERAL INFORMATION. *If you are filling out this form on behalf of an Eligible Employee, please use that Eligible Employee's information.*

Applicant Name: _____

Permanent (Primary) Address

Street: _____

City, State, ZIP: _____

County: _____

Home Phone: _____

Cell Phone: _____

Preferred Email: _____

Marital Status:

_____ Single _____ Married _____ Divorced/Separated _____ Domestic Partner

If because of the Incident, you cannot receive mail at your home, below list a current address and/or alternate mailing address from above where correspondence can be sent.

Alternate Mailing Address:

Street: _____

City, State, ZIP: _____

Employment Information:

Department/ Work Site _____

Job Title: _____

Employee ID Number: _____

Becton, Dickinson and Company Employee Disaster Relief Fund (“Fund”) Application

List all people who reside in your household:

Name	Birth Date	Relationship	Monthly Income

Please indicate if you rent or own? Rent Own

How did you hear of this program:

Company Intranet
 Co-Worker
 Human Resources

Employee Communication
 Manager
 Other Referral Source

Name/Description of Incident: _____

Date of Incident: _____

Please note: Incident must have resulted from the qualified disaster and the application must be filed no later than 120 days after the date of the qualified disaster.

Describe what happened to cause your financial hardship. Describe your basic needs (Use additional paper if necessary)

Please tell us anything else that would help in understanding the circumstances of the hardship you and your family is experiencing.

May we share your story anonymously to help us build this program? Yes No

Name of Employee: _____ Page 3 of 6

Becton, Dickinson and Company

Employee Disaster Relief Fund (“Fund”) Application

SUPPORTING DOCUMENTATION IS REQUIRED TO CONSIDER YOUR APPLICATION

Along with a copy of your payroll statement, please attach to this application documentation that supports your loss and/or damage. Examples include but are not limited to: FEMA documentation, available third party confirmation (for example, Red Cross), available government confirmation, vendor documentation, lodging receipts in the case of evacuation, insurance claims, service provider estimates, receipts, photographs, etc.

From what other sources have you requested financial assistance in the last year? Please include all organizations for which you have applied or received assistance and indicate the amount provided below.

Organization/Agency	Outcome (approved, declined, pending)	Amount Provided
Homeowners/Renters Insurance		
Auto Insurance		
Medical Insurance		
Social Service Organization		
Your Religious Community		
Loan Program		
FEMA		
Other		

YOUR FINANCIAL INFORMATION:

If you are filling out this form on behalf of an Eligible Employee, please use that Eligible Employee’s information.

Annual household income **prior to the Incident**

Applicant \$ _____
 Spouse \$ _____
 Other Income \$ _____
Total Annual Household Income (all sources) \$ _____

Annual household income **following the Incident**

Applicant \$ _____
 Spouse \$ _____
 Other Income \$ _____
Total Annual Household Income (all sources) \$ _____

Monthly Expenses: Please indicate your average **monthly** expenses for the following items:

Monthly Rent/Mortgage \$ _____
 Monthly Food \$ _____

Becton, Dickinson and Company

Employee Disaster Relief Fund (“Fund”) Application

Monthly Utilities	\$ _____
Property Taxes	\$ _____
Monthly Auto/Gas	\$ _____
Monthly Insurance (Home)	\$ _____
Monthly Insurance (Auto)	\$ _____
Monthly Insurance (Life)	\$ _____
Monthly Child Care	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Please estimate the costs incurred or to be incurred from damages, losses and expenditures detailed in the application that are NOT expected to be covered by insurance, government assistance or from other sources. **Exclude** the costs associated with non-essential, luxury, or decorative items and services.

\$ _____

DECLARATION AND AGREEMENT

No Eligible Employee is entitled to receive a grant, either by their employment, their history of contributions to the Fund or because of any precedent inferred from a previous grant from the Fund. Your signature acknowledges and permits the Foundation to verify all information including employment status. Grants will not be made before an Eligible Employee has demonstrated an immediate financial need and provided all required documentation. Grant awards are contingent upon the availability of funds at any given time. BD reserves the right to discontinue additional contributions to the Fund at any time.

This application will be treated in a confidential manner by the Foundation; however non-identifying statistical information will be reported to BD on a periodic basis.

All applicants will receive notification of the determination of Grant Review Committee. If the applicant is awarded a grant, the Community Foundation of New Jersey will contact the applicant to discuss payment processing.

Eligible Employees are expected to provide truthful and accurate information. Your signature below certifies that the information provided is true and complete, authorizes the Foundation to obtain and/or verify all information necessary to process this application, and releases BD and the Foundation from any and all liability associated with this application and/or rejection of or funding of this application.

Signature	Date
-----------	------

Print Name

Becton, Dickinson and Company Employee Disaster Relief Fund (“Fund”) Application

Mail, fax or email completed and signed application with supporting documentation to:

Faith Krueger
Community Foundation of New Jersey
Post Office Box 338
Morristown, NJ 07963-0338
Phone: 973.267.5533 Fax: 973.267.2903
fkueger@cfnj.org