Baptist Health South Florida

POLICY NO.: BHSF-503.BHSF
TYPE: Administrative

POLICY TITLE: Sunshine Fund Policy.

Responsible Department: Pastoral Care Services.

Creation Date: 09/1993.
Review Date:
Revision Date: 2013/09/16

SUBMITTED BY (AUTHOR): Robert W. Jakoby M. Div., BCC
Title: Assistant Vice President, Pastoral Care Services

APPROVED BY: Wayne Brackin.
Title: Executive Vice President & Chief Operating Officer

APPROVED BY: George W. Foyo.
Title: Executive Vice President & Chief Administrative Officer

PUBLISHED (Released): 2014/01/23

SUMMARY & PURPOSE:
The purpose of the policy on the Employee Sunshine Fund is to outline the procedures for implementation and operation of the employee emergency assistance fund.

POLICY:
Pastoral Care Services will administer an Employee Assistance Fund maintained by donations from employees by check, cash or payroll deductions. The Assistant Vice President of Pastoral Care or his designee(s) will insure all funds are matched by Corporate Finance and distribute funding to employees in financial crisis in a fair and equitable manner regardless of national origin, gender, race, creed, religion, etc.

Note: **Established criteria and guidelines are the same at each entity and written copies are on file at each entity.**

SCOPE/APPLICABILITY:
This policy applies to all staff, those who administer and those who benefit from the Employee Sunshine Fund.

PROCEDURES TO ENSURE COMPLIANCE:
The Sunshine Fund is intended to provide financial assistance to employees in times of crisis. Each applicant must meet all of the specified eligibility requirements in order to obtain a loan. Pastoral Care Services will receive applications for the Employee Sunshine Fund during posted weekday office hours and when staff is available.

Financial Hardship Loan
A Financial Hardship Loan is an interest free loan made by Pastoral Care Services with funds provided by the Baptist Health Employee Sunshine Fund. For the purposes of the Baptist Health Sunshine Fund, a hardship shall be defined as a situation which may have immediate negative impact on an employee's health, employment status or

ability to work, basic nutrition, shelter and/or safety. Hardship may also include some of these concerns as they impact an employee's immediate family, that is, children and/or spouse.

Qualification Criteria for Employee Sunshine Fund Financial Hardship Loans

A Baptist Health employee who demonstrates legitimate and immediate financial hardship and meets the criteria outlined in the Sunshine Fund Guidelines below may be eligible to apply for a loan. Employees who show a consistent pattern of financial irresponsibility may not qualify to receive loans. Employees under any form of corrective action may not qualify to receive a loan.

Base Hospital

Employees will submit their application and receive their loan in their Base Hospital; the hospital where they are physically located. The base hospital will administer the loan repayment and any future loans that may be needed, unless said employee changes base hospital. The application for loans in more than one hospital is strictly forbidden and any employee who does so may forfeit the right to access the Employee Sunshine Fund. This rule also applies to corporate employees (entity 100) who work at a specific hospital.

For those employees who do not work in a specific hospital, the following distribution shall be utilized:

See Sunshine Fund Loan Employee Work Location Attachment Form (503. 02 BHSF)

*Note: Employees who work primarily from home may choose the closest hospital to their residence as their base hospital, *but may only apply for loans at their base hospital and are eligible for only two loans within a 12 month period as stated below.*

The Baptist Health Employee Sunshine Fund Qualification Guidelines are as follows:

1. Only Baptist Health employees who have satisfactorily completed 6 months of employment may apply for a Sunshine Fund Loan. To qualify for a loan the employee must receive a paycheck every two weeks in order that payroll deductions on the loan may be set up.

2. Baptist Health employees may apply for as many as two financial hardship loans in a 12 month period. Not to exceed the maximum amount for their length of employment. An additional deduction shall be made for any second loan. Once two loans have been made, they must both be paid off before another loan can be made.

3. The following limits on loan amounts apply to all Baptist Health employees: *

Length of Employment	Maximum Amount Loaned	Loan Extension Cutoff in Months
6 Months to 1 Year	$ 500.00	15
From 1 to 2 Years	$ 800.00	18
From 2 to 4 Years	$ 1,200.00	18
From 4 to 6 Years	$ 1,500.00	20
From 6 to 10 Years	$ 2,000.00	22
10+ Years	$ 2,500.00	24

*Note: Falling within a certain category for length of employment does not guarantee automatic eligibility for a loan, nor does it guarantee an employee is eligible for the maximum amount of loan listed.

4. The maximum amount loaned out in any circumstance shall be $ 2,500.00

5. All loans should be paid back within the payoff limits outlined above after approval. In some circumstances, loans may be extended at the discretion of the Director of Pastoral Care or a designee, but should never exceed 24 months.

6. An employee who has been granted a loan may request to have the payroll amount deducted per pay period increased, but not decreased. Requests for change of deduction amounts may be submitted to the Administrative Assistant in Pastoral Care Services.

7. All loan checks will be paid directly to the employee. It is the responsibility of the employee to distribute payments to vendors listed on the application.

8. All loans are to be paid back through payroll deductions. Should an employee leave or be terminated from Baptist Health, any unpaid balances will be the responsibility of the employee and must be repaid. At the time said employee leaves or is terminated, their final payment must equal at least the number of hours they worked multiplied by the minimum wage. Any amount in excess of the number of hours worked times the minimum wage as well as any PTO accrued will be utilized to repay the loan in full. If an employee is unable to meet their obligations to the Sunshine Fund at that time, an installment plan will be set up through Pastoral Care Services. All payments are to be made to the Employee Sunshine Fund in check, money order, or through specially approved arrangements. A monthly statement will be mailed from Pastoral Care Services, including balance due and payment information.

9. Pastoral Care Services will seek to provide information and resources as part of educating and helping employees manage their finances.

10. Loans will be granted to assist with funeral expenses of immediate family members, as defined in policy BHSF-HR 3550 – Bereavement Leave: "Spouse, parent, step-parent, grandparent, mother/father-in-law, sibling, son, daughter, step-child, grandchild, or domestic partner."

11. The Baptist Health Employee Sunshine Fund is not a club, nor do donors have a membership in the Fund. Donations are strictly voluntary and do not give a donor employee the privilege of designating donated monies to any specific person, project, or cause.

12. Requests for emergency education assistance loans will be considered only after satisfying the following criteria:
    a. Must be a referral from their director.
    b. Must not qualify otherwise under the hospital's Tuition Reimbursement Program.
    c. Must demonstrate that the course of study is connected to and directly enhances the employee's job function and / or career at Baptist Health.
    d. Must be for the benefit of the employee only – it excludes requests for help for immediate family or other next of kin.

13. Financial Hardship Loans will not be granted for the following purposes or to the following people:
    a. Consolidation of credit card bills or phone bills.
    b. For vacations or travel.
    c. To family members or to/for friends of an employee.
    d. For down payments or closing costs on the purchase of a house/apartment, etc.
    e. For payment of 2nd mortgage installments (housing other than homestead).
    f. Other purposes as determined by the Director of Pastoral Care Services.

14. While donations to the Employee Sunshine Fund are not a requirement for loan eligibility, all Baptist Health employees are encouraged to contribute.

Pastoral Care Services will determine employee eligibility and the nature of the financial crisis through the following means:

a. Requiring a completed signed Employee Sunshine Fund Application.
b. Requiring supporting documentation for all loans requested.
c. Requiring a copy of most recent record of the employee's payroll.

d. Investigating the integrity of claims and supporting documentation if deemed necessary. Falsification of supporting documentation will result in the denial of the loan, may be cause for denial of future access to the Sunshine Fund and may also be reported to Human Resources, as a violation of BHSF 5250- Employee Conduct policy. Said policy includes the following quote: "Employee conduct which is unacceptable at Baptist Health...may result in immediate disciplinary action, up to and including termination of employment."
e. Verifying employment status and length of employment at Baptist Health with Human Resources.

Special Fund Raiser Projects

Special project fund raisers such as those initiated by employees for the benefit of co-workers in need must meet the financial hardship criteria, which is that the hardship must have an immediate negative impact on an employee's health, employment status or ability to work, basic nutrition, shelter and/or safety. Hardship may also include some of these concerns as they impact an employee's immediate family, that is, children and/or spouse.

The financial hardship must be approved by the Director of Pastoral Care Services in order to qualify for hospital matching. The hospital will match funds raised in situations involving the death of an employee or a death in his/her immediate family, and in cases of established medical necessity. Any solicitation of funds by employees on behalf of co-workers in need must have prior approval of the department's director, area manager or supervisor. Subsequent to departmental approval a letter with a recommendation and request for the matching of funds must be submitted to Pastoral Care Services. Employees under any form of corrective action may not qualify for matching, although they may qualify for donations from their co-workers. All special project donations will be matched only to a maximum of $1,000.00.

SUPPORTING/REFERENCE DOCUMENTATION:

- Employee Sunshine Fund Application
- Fair Labor Standards Act (FLSA)
- BHSF 5250 - Employee Conduct policy
- BHSF 3550 - Bereavement Leave

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

N/A

ENFORCEMENT & SANCTIONS:

Enforcement of this policy will be performed by Baptist Health South Florida's Corporate AVP of Pastoral Care, who will consider rare possible exceptions with possible consultation with the base hospital Director of Pastoral Care. Violation of this policy may be referred to the appropriate HR management level. See HR policies 5250 and 5300 for applicable sanctions.

Baptist Health South Florida

PASTORAL CARE SERVICES
SUNSHINE FUND LOAN APPLICATION

503.03 BHSF

Please read this before filling out application.

The Baptist Health Sunshine Fund is an interest free emergency fund. All applicants must meet the Fund's financial hardship criteria before approval. Only two loans may be given to an employee per year. Applicants must be eligible for regular bi-weekly payroll deductions in order to qualify. Incomplete applications will not be processed. Processing of applications may take up to two weeks.

I have read and understood the above. Initials_____

Applicant's Name _____ Soc. Sec. # _____ Employee # _____

Home Address_____ City _____ State _____ ZIP _____

Cell #_____ Dept. _____ Job Title _____ Ext. _____

Supervisor's Name _____ Supervisor's Ext. _____ **Date of Hire** _____

Employment Status: ☐ Full Time ☐ Modified Full Time ☐ Regular Part Time ☐ Per Diem

Do you currently have an outstanding Sunshine loan? Amount: $_____ Yes ❑ No ❑
Are you currently under probation or any form of disciplinary action? If yes, use back of form to explain. Yes ❑ No ❑
Are you planning on leaving Baptist Health Systems within the next year? If yes, use back of form to explain. Yes ❑ No ❑

Reason for Loan Request <u>GIVE REASONS IN DETAIL</u>	**List Vendors and Amounts Requested**	
	Total Loan Amount Requested >	

By signing this application form I authorize the Pastoral Care Services to verify the information I have provided above, my employment status, and all supporting documentation I have submitted. I also understand that upon termination of my employment from any BHS facility, whether voluntary or involuntary, I am required to contact the office of Pastoral Care to which I still owe money in order to set up a payment plan or to pay off any unpaid balances. Should I transfer to another BHS facility before my loan is fully paid, I hereby authorize automatic payroll deductions at my new employment site. Failure to do so will result in collection procedures and may be reflected in my credit report. **I have read and understood the above. Initials_____**

I acknowledge that <u>any falsification of documents, purposefully misleading or incorrect statements are sufficient to have this or any other request denied in the future</u>. I also understand it is my responsibility to use the funds from this loan for the exact purpose for which I requested them. Failure to do so constitutes a breach of contract with the Employee Sunshine Fund. **I have read and understood the above. Initials_____**

Applicant's Signature_____ Date _____

Office Use Only

❑ Approved for $ _____ Approving Chaplain_____ Date:_____

BHSF Facility _____ Repayment P.P.P. $ _____ Estimated Payoff in _____Months

Rev. 08/8/2013 Prior Versions Obsolete