

## The Luby's Family Fund

An emergency fund for employees, by employees

**Mission:** The primary purpose of the Luby's Family Fund is to provide assistance to Luby's team members who have a sudden financial emergency due to a catastrophic event or emergency hardship. Team members may elect to make voluntary contributions to the Luby's Family Fund or can apply to be recipients of the Luby's Family Fund.

**Eligibility:** The Luby's Family Fund is available for Luby's team members and their immediate family members. Immediate family members include spouses and children.

**Limit of Assistance:** The typical maximum request per catastrophe is \$5,000 per team member. Exceptions will be granted in special or extraordinary circumstances. There must be adequate funds available for a request to be granted. Inquiries on funding status can be sent to: LubysFamilyFund@lubys.com

**Contributing:** Contributions to The Luby's Family Fund are non-refundable and are not tax-deductible. Team members do not need to contribute to the fund to be eligible to become a recipient of the fund; in other words, no contribution is required as a prerequisite. Donations are also accepted from individuals who are not team members.

**Coverage**: To qualify for assistance through the Luby's Family Fund, the recipient must need assistance as a result of a catastrophic event or emergency hardship that is:

- 1. *Identifiable:* The event must be described in detail in the application and supporting documentation must be submitted (examples of supporting documentation include invoices, bills, obituary, etc.).
- 2. Damaging to property/person: Damage to property and/or a loss of life, a negative change in health, or personal injury must occur.
- 3. Sudden: The event must not be gradual or progressive.
- 4. *Unanticipated:* The event must be unexpected, unforeseen, unintended and unplanned; an ordinary, anticipated event caused by deliberate intent will not qualify.
- 5. Extraordinary: The event must be unusual and nonrecurring. It cannot occur in the ordinary course of day-to-day living, it should also be an event that is not normally covered by insurance. If it is covered by insurance, it should create a need that exceeds all available insurance benefits.

Examples – qualifying catastrophic events include, but are not limited to the following:

- Funeral expenses upon the death of a team member or a member of their immediate family
- Urgent medical expenses (including expenses related to travel to obtain medical care) that are not covered by insurance
- Loss or damage to a home or contents of the home due to a catastrophic event that is not covered by insurance
- Unexpected loss or damage to vehicle or other mode of transportation that prevents a team member from working

**Application Process:** Requests for funds must be made through the following application form. Funds will be distributed by a separate check. The team member requesting assistance must be a current Luby's, Fuddruckers, Cheeseburger in Paradise or Luby's Culinary Services employee. The team member must also be in good standing with the company at the time of the request. All team members are eligible to receive funds. No preference is given to team members who elect to contribute to the fund. All requests will be kept confidential unless otherwise requested or noted by the recipient.

**Committee:** The Luby's Family Fund Committee consists of at least five members. The Luby's Family Fund Committee oversees the disbursement of funds through an Officer of Luby's Fuddruckers Foundation, Inc. Funding decisions made by the committee will be shared with applicants within two weeks of each meeting.

## **Submitting Requests:**

- A specific monetary amount, reasonable within scope of need, must be included in all requests.
- All requests must be made to the committee chairperson via a general manager or Area Leader on the provided application form. Applications must be complete and legible, with all required supporting documentation.
- All requests and supporting documentation must be submitted within 4 months from the date of the catastrophic event or emergency hardship to be eligible for assistance.
- All requests will be processed within fourteen days of the Luby's Family Fund committee meeting, provided all supporting documentation has been received.
- Completed applications along with supporting documentation should be sent via email to LubysFamilyFund@lubys.com
- Funds will be distributed by a separate check.

## TO BE COMPLETED BY TEAM MEMBER REQUESTING ASSISTANCE

Date	_ Last Name	First Name	
Unit (location/computer numb	er)	Job Title	
Street Address	City	State	Zip
Telephone ()	REQUIRE	<b>D</b> : Amount needed for consideration	on \$ Please note: maximum of \$5,000
Type of catastrophic event or e	mergency hardship:		
		or emergency hardship (attach ac	
receipts, obituaries, police repo	rts, are accepted forms o	ember and am in good standing wi	
$\ \square$ I affirm that the above i	s true and correct.	Signature	

## TO BE COMPLETED BY SUPERVISOR

Date	Last Name	First Name
Job Title		
Please provide any ad	ditional information you feel w	ll be useful in determining assistance for team member:
Supervisor Signatu	ure	
FOR COMMITTE	E LICE ONLY	
Received By		Date
Disbursement issued	d:	
□ YES		
□ NO - Reason:		
Date of Decision_		Date of Disbursement