

LCAF Application for Financial Assistance – Instructions

How to apply:

Any current team member or manager who is in good standing with the Company is eligible to apply for financial support. You must follow the instructions below and include all of the required information in order for us to process your application. Any information received will remain confidential and you will be contacted by phone as soon as a decision is reached in your case.

What to include:

- Signature!** You must sign the completed application. We cannot process the application without your signature.
- Completed Application:** A completed *Lucky Cat Assistance Fund Application for Financial Assistance* form, which includes: a request for a specific amount of money, specific information regarding your situation and how you've helped yourself, and **any supporting documentation** that could help us when deciding your case.

How to submit:

Mail, fax, or e-mail the signed application and documentation to:

LCAF Grant Panel
P.F. Chang's China Bistro, Inc.
8377 E Hartford Dr, 2nd Flr.
Scottsdale, AZ 85255
Fax: 480-393-8041
E-mail: LCAF@PFChangs.com

Please include the following information in your application and be as specific as possible. The more detailed information you provide, the easier it will be for us to reach an informed decision. Any information and supporting documentation provided with your application is voluntary to seek an award from the Fund and will not be used as a HIPAA release.

How much money do you need? Why are you requesting this financial assistance and how to you plan to use it? While every situation is different, providing us with a specific dollar amount helps us understand context and need. We need to know why you need the money and what you have done to help yourself. We also must know how you plan to spend the money.

Illness/Injury Related Situations: If your request is due to an illness, injury, or medical condition, we must have a written diagnosis and prognosis signed by your physician describing your condition, ability to perform your job duties, and when you are expected to return to work. *If you will be away from work for three or more days, or have questions about your medical, dental, vision, life insurance, leave of absence, FMLA, or disability benefits, please contact 1-877-4CHANGS (424-2647).*

Medical Reimbursement or COBRA payment: If you need help paying for out-of-pocket medical expenses that are **not covered by insurance**, you must send us copies (keep the originals for your records) of your Explanation of Benefits (EOB) forms. If you have medical benefits through work, Aetna sends you these forms when they pay a provider on your behalf (they are also available on Aetna Navigator). If you have insurance through another source, such as Medicaid, a parent, spouse, or other health program, or do not have coverage at all, the copies of medical bills will be sufficient.

Salary Supplement: If you are requesting reimbursement for time missed from work as a result of any type of leave of absence (FMLA, Workers' Compensation, Medical, STD/LTD), you must provide the following: the reason for the leave, dates in which you were absent from work, and any vacation or paid time off that was used (if applicable).

Income and Debt: We must know how much money you have in your checking, savings, and/or investment accounts. Be sure to include any income that you are entitled to or are receiving from **all sources and how often you receive it**, including from your spouse, parents, or others who live with you or can share your expenses. Also include any applicable disability, Workers' Compensation (WC), Unemployment Benefits (UB), Social Security, or anticipated life insurance income. To determine eligibility for any applicable PFCB related disability or life insurance benefits, please contact the Benefits Service Center at 1-877-4CHANGS (424-2647). Please also include all your debts, such as: any *unpaid* medical bills, credit card debts, automobile loans, mortgage payment, rent, gym memberships, cell phone and utility bills, student loan payments, child support, etc., their due dates, if they are past due, and the reason for the debt.

When you'll hear back:

The LCAF Grant Panel meets monthly to review applications. You will be contacted by phone as soon as a decision is reached in your case.

What else you should know:

The Lucky Cat Assistance Fund is not part of P.F. Chang's China Bistro, Inc. Rather, the LCAF has been established as an independent, non-profit corporation, funded and governed by our own team members and managers who assist on a voluntary basis. The decisions we make are our own and are based on your specific circumstances. Grant amounts typically range between \$500 to \$2,000. Grant recipients generally receive only one grant per year. Please ask your manager if you have any questions about the Lucky Cat Assistance Fund. Learn more at www.luckycatfund.com.

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Tell us about your assets:

Please list all current assets and sources of applicable income from yourself, relatives, child support, disability, unemployment, life insurance, Workers' Compensation, savings and checking accounts, investments, annuities, Social Security, trust, other charities, etc.

Source of Income/Assets	Amount	Date Received	Frequency
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____

Tell us about your debts:

Please list all of your debts, such as: rent, mortgage payments, credit card bills, unpaid medical bills, car payments, child support, student loan payments, gym memberships, cell phone and utility bills, etc., **and include copies of the bills or other supporting documentation.**

Name of Creditor/Type of Debt	Monthly Payment	Due Date	Reason for Debt
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____
_____	\$ _____	____ / ____ / ____	_____

Signatures: Your signature indicates that you attest to the validity of the information provided on this and all other attached forms and the seriousness of your financial hardship. Your signature also attests that any information/documents provided as part of this application is voluntarily given to seek an award from the Fund and not used as a release.

Employee Signature: _____	Date Completed: ____ / ____ / ____
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The LCAF Application for Financial Assistance CANNOT be submitted without your signature!

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