

# MB2

A 501(c)(3) Charitable Organization

family



972-869-3789



[mb2dental.com/mb2family](http://mb2dental.com/mb2family)



[mb2familyfoundation@mb2dental.com](mailto:mb2familyfoundation@mb2dental.com)



2403 Lacy Lane, Carrollton, TX 75006

## EMPLOYEE RELIEF FUND AWARD CRITERIA

The MB2 Family Relief Fund provides monetary assistance to MB2 Dental and its affiliated practice employees experiencing financial hardship due to a catastrophic life event of the employee or the employee's immediate family. This fund is designed for financial assistance due to a catastrophic event as defined below.

Requested award amounts are not guaranteed and all decisions are at the board's discretion.

EMPLOYEE QUALIFICATIONS & GUIDELINES	
EMPLOYMENT STATUS	Full-time, part-time, must be in good standing with the company.
TENURE	> 1 year
DATE OF EVENT	Occurred within 90 days of form submission
MAX # OF AWARDS	No more than one award may be granted to any individual applicant or family member in a 12-month period
ELIGIBLE FAMILY MEMBERS	Legal spouse, legal dependent (up to 26 years of age), or other legal dependents
SUPPORTING DOCUMENTATION	Required on all submissions (receipts, hospital bills, pictures, insurance claims, government documents, police reports, etc. as outlines in forms).
INCOMPLETE SUBMISSIONS	Incomplete submissions will not be processed. Incomplete submissions will be returned and must be completed and resubmitted within the 90-day period or 3 weeks from submission being returned.
TURNAROUND TIME	The MB2 Employee Relief Fund Board will come to a majority vote within 5 business days on whether a request for award will be approved, denied, or further information/documentation is requested.
PAYMENT OF AWARD	Once approved, a request will be made to MB2 Ap with a turnaround time of 2 business days. Check will be sent via mail to the employee recipient.

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CATEGORY	SEVERE FINANCIAL HARDSHIP RESULTING FROM:
<b>DEATH EVENT</b>	Death of employee (submitted on the employee's behalf) or immediate family member as defined above
<b>MEDICAL ISSUE EVENT</b>	Life-threatening, serious, or ongoing illness, accident, injury, or surgery of an employee or immediate family member which has a significant impact on your financial situation resulting in unpaid time off greater than a two-week period and after use of PTO/Sick days and short-term disability.
<b>NATURAL DISASTER EVENT</b> <i>(Acts of nature and fire)</i>	<p>Situations such as wildfire, flood, tornado, hurricane, severe storms, or earthquakes that have damaged or destroyed the employee's primary residence. The fund cannot pay to repair other property and cannot pay to replace non-essential items, e.g, electronics, etc.</p> <p><i>Photographs and insurance reports will be required.</i></p> <ul style="list-style-type: none"><li>• Total/Partial loss of primary residence</li><li>• Damage to essential property or belongings</li><li>• Temporarily uninhabitable residence resulting in relocation</li></ul>
<b>HOMELESSNESS EVENT</b>	Sudden homelessness resulting in need for basic life necessities such as food and shelter
<b>DOMESTIC VIOLENCE EVENT</b>	Domestic Violence (physical assault, sexual abuse, and other behaviors resulting in relocations, safety measures, and/or property loss). Emergency protective order (EPO), verification that employee sought help from a professional/social services organization (on their letterhead), or documentation of charges filed is required
<b>OTHER EVENT</b>	<p>Other emergencies such as:</p> <ul style="list-style-type: none"><li>• Divorce or abandonment by legal spouse or loss of income due to disability</li><li>• Unusual expenses for the care and training of handicapped spouse or dependent</li><li>• Criminal acts or automobile accidents where the employee or immediate family member is the victim</li><li>• Other hardships causing life-threatening circumstances or severe financial distress</li></ul>