



TPG EMPLOYEE EMERGENCY BONUS (“EEB”) PROGRAM APPLICATION

We ask that you keep your submission confidential as well as the outcome with the exception of your accountant and/or attorney. TPG will only inform necessary individuals of your request and/or outcome. Please note that any bonus received under this program is taxable and at the sole discretion of TPG.

General Information

Employee Name: _____

Last

First

M.I.

Current Address: _____

City

State

Zip Code

SSN: _____ Date of Birth: _____ M/F: _____

Home Phone: _____ Email: _____

Cell Phone: _____

List all members of your household (if pertinent to your request):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Information

Position/Title: _____ Work Location _____

Date of Hire: _____ Hours per week: _____

Position Status (circle one): Full-time Part-time Temporary

In the past 12 months have you requested or received financial assistance from EEB Program? YES NO

If yes, please explain: _____

Financial Literacy Online Questionnaire

Have you reviewed the Questionnaire prior to submitting this application? YES NO

Explanation of Emergency Situation

NOTE: Please provide as much detail as possible regarding your emergency situation. Certain circumstances may require additional supporting documentation (such as official police report, eviction notification, physician’s report, and other related documents).

Amount Requested (before taxes): _____ (not to exceed \$1,000 in any 12-month period)

Signature

Printed Name

Date: _____

Please send this completed form by mail to:

TPG Employee Assistance Program
1341 N. Capitol Avenue
Indianapolis, Indiana 46202

