

Hardship grants can be used toward direct payment of health care insurance for eligible Delphi retirees and dependents. Only those Delphi salaried retirees who retired prior to April 2, 2009 – or their surviving spouses – are eligible for consideration. Grant eligibility is based primarily on financial status relative to the federal poverty levels.

A committee appointed by the Delphi Salaried Retiree Association-Benefit Trust (DSRA-BT) Board of Directors – known as the Hardship Grant Committee – reviews all applications and reserves the right to request additional information as needed. Grants may vary and will be given on a case-by case basis. All information is confidential. Applicants may appeal, in writing, to the Hardship Grant Committee’s initial finding. The subsequent determination is made by the DSRA BT Board of Directors and is final.



1. Fill in ALL information requested on this application form.
2. You MUST include an official, signed copy of your:
 - 2018 and 2019 Federal Tax Return (both returns if filed separately)
 - If you have not yet filed your 2019 Federal Tax Return, you MUST include copies of:
 - Your 2018 Federal Tax Return AND
 - All year-end final pay stubs and income statements for calendar year 2019 (If applying for hardship after 12/31/19).
 - Most recent retirement, Social Security, VA, etc. pay stub(s) for you and your spouse or domestic partner
 - Most recent employment pay stub(s) for you and your spouse or domestic partner
 - Most recent health care insurance invoice
3. Fill out and sign (retiree and spouse or domestic partner) the Declaration of Assets Form (Page 4)

APPLICANT INFORMATION

Last Name	First Name	M.I.	Date of Birth (mm/dd/yyyy) / /	
Address		City	State	Zip
Email Address			Retirement Date (mm/yyyy) /	
Telephone Number () -		May We Leave a Message on Your Home Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mobile Phone Number () -		May We Leave a Message on Your Mobile Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spouse's Mobile Phone Number () -		May We Leave a Message with Your Spouse/Domestic Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are You Able to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:			
Are You Medicare Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medicare Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You Eligible for Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:			
Are you Currently Receiving Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you plan to initiate receipt of Social Security benefits in 2020, include your estimate here for the total expected in 2020 \$				

FINANCIAL ASSISTANCE

Have you received any other financial assistance?

Yes No

If yes, please provide dates, assistance received and name of agency or provider.

Dates	Assistance Received	Name of Agency / Provider

FINANCIAL DISCLOSURE

Section I – Retiree & Dependents

Retiree				
Last Name	First Name	M.I.	Date of Birth (mm/dd/yyyy) / /	
Address		City	State	Zip
Spouse / Domestic Partner				
Last Name	First Name	M.I.	Date of Birth (mm/dd/yyyy) / /	
Dependent(s)				
Last Name	First Name	M.I.	Date of Birth (mm/dd/yyyy) / /	
Will you purchase health care for this dependent as part of your household?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you claim this dependent on your 2019 federal tax return?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			/ /	
Will you purchase health care for this dependent as part of your household?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you claim this dependent on your 2019 federal tax return?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			/ /	
Will you purchase health care for this dependent as part of your household?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you claim this dependent on your 2019 federal tax return?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			/ /	
Will you purchase health care for this dependent as part of your household?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you claim this dependent on your 2019 federal tax return?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2 – Monthly Income

Average Household Monthly Income (Rounded to a Full Dollar Amount - \$x,xxx. ⁰⁰)	Household
1. Monthly Gross Income (before any deductions)	—
a. Monthly pension check income	\$
b. Family employment income	\$
c. Monthly Social Security income	\$
d. Monthly Veteran’s Administration benefit income	\$
e. Any net business income	\$
f. Rental unit(s) net income	\$
g. All other sources of income	\$
2. Total Monthly Household Gross Income (sum of items 1a – 1g)	\$

Section 3 – Assets (See Declaration of Assets Statement – Page 4)

Assets	Household
3. Cash in bank (checking or savings accounts, money market accounts, etc.)	\$
4. Cash, value of precious metals on hand, etc.	\$
5. 401(k), 403(b), and IRA accounts, etc.	\$
6. Other assets (including income producing real estate, trust funds, annuities, etc.)	\$
7. Stocks, bonds, CDs, investments (current total value), etc.	\$
8. Real estate owned <i>other than</i> principal residence (resale values, etc.) ¹	\$
9. Total Assets (sum of items 3 – 8)	\$

¹ Real estate value of primary residence is not requested.

☑ DECLARATION OF ASSETS & SIGNATURE

To: Delphi Salaried Retiree Association-Benefit Trust,
Attention: Hardship Grant Committee

From:

Retiree's Printed Name	Date of Application / /
Spouse / Domestic Partner Printed Name	Select One <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner

We, the undersigned, declare that our DSRA-BT Hardship Grant Application accurately represents our current financial condition and that we have no additional income or financial assets (including cash, accounts such as checking, savings, money markets, IRA, 401k, 403b, CD, stocks and bonds, other forms of investments including such as precious metals, etc.).

If not included with this Application, I/We agree to send a copy of our official, signed 2019 Federal Income Tax Return(s) to the Hardship Committee no later than May 31, 2020. I/We understand, and agree, that failure to do so can result in termination of my/our Hardship Grant.

By executing the above Declaration, I/we represent and warrant that all information reflected herein is accurate to the best of my/our knowledge. I/we understand that the information being provided by and through this Declaration will be relied upon by the DSRA-BT to make a determination of Hardship Grant eligibility and that any intentional misrepresentation made herein may be actionable at law.

Retiree	Date / /
Spouse / Domestic Partner	Date / /

APPLICATION SUBMISSION

Mail your completed hardship application to Mercer as indicated below:

Mail:	Benistar Admin Services 10 Tower Lane, Suite 100 Avon, CT 06001	Email:	memelig@Benistar.com
		Fax:	1-860-408-7025

CHECKLIST

Check the box when completed to help you keep track of enclosures. **Incomplete applications cannot be processed.**

- Completed application form
- Official, signed copy of your:
 - 2018 Federal Tax Return (both returns if filed separately)
PLEASE BLACK OUT ALL SOCIAL SECURITY NUMBERS
 - If you have not yet filed your 2019 Federal Tax Return, you **MUST** include copies of:
 - Your 2018 Federal Tax Return AND
 - All year-end final pay stubs and income statements for calendar year 2019 (If applying after 12/31/2019).
- Most recent retirement pension, Social Security, VA, etc. pay stub(s) for the household
- Most recent employment pay stub(s) for the household
- Most recent health care insurance invoice
- Signed Declaration of Assets (Page 4)