

Employee Hardship Loan Program

Statement of Eligibility

Please check the appropriate box to designate the reason for the loan. Attach the completed application, eligibility documentation and this signed form to the MassMutual Federal Credit Union for consideration.

- Loss of employee's housing or household furnishings due to natural disasters such as fires, hurricanes, floods, tornadoes, etc., where there is no insurance or inadequate insurance, or where funds are needed prior to the insurance payment being made.
- Extraordinary medical expenses on the employee's behalf, or on the behalf of members of his or her immediate family, to the extent that funds are not yet available through the employee's FSA or HSA, and not covered by a government program, car or home-owners insurance or other parties.
- Employee medical costs -- travel-related expenses not reimbursable or covered by a group health plan, FSA, HSA, etc., such as traveling to another city for surgery or treatments.
- To pay for funeral and burial expenses of employee's immediate family member for which funds are unavailable.
- Extraordinary financial losses due to personal injury or being a victim of robbery or other crime.
- Home modifications necessary for employee's or employee family member's wheelchair accessibility as a result of an accident or illness.
- Imminent threat of foreclosure of the primary residence or repossession of an automobile.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the institutions listed in this credit application to release necessary information to the MassMutual Federal Credit Union for which credit is being applied for in order to verify the information contained herein. I also authorize release of relevant information by the MassMutual Federal Credit Union to the MassMutual Hardship Committee for consideration of my request. Finally, if the loan is approved and issued, I authorize Massachusetts Mutual Life Insurance Company to deduct repayment amounts from my wages. Such authorization may be revoked by me at any time, and any revocation does not change my obligations to repay any loan that is issued.

Name (print)

Date

Signature

MM ID#



We'll help you get there.®

Program Effective – January 1, 2011 through December 31, 2011

MassMutual reserves the right to extend, alter, amend, delete, cancel or otherwise change the program or any of the provisions of the program at any time. The decision of MassMutual or the Credit Union or Hardship Committee, as applicable, is final. Participating in the Employee Hardship Loan Program is not to be construed as an employment agreement. Employment at MassMutual is at will.