



THE CLARA ABBOTT FOUNDATION

Financial Assistance Program



Have you had an unexpected illness in your family?

Has a divorce left you in financial trouble?

Have you had an unexpected loss of income?

Do you need help developing a budget?

Maybe We Can Help

THE CLARA ABBOTT FOUNDATION WORKS WITH ABBOTT EMPLOYEES AND RETIREES
TO HELP REDUCE THE STRESS OF PERSONAL FINANCIAL PROBLEMS.



Take the Next Step Toward Financial Independence



Please read the following information and sign below.

1. Not every employee/retiree who applies to The Clara Abbott Foundation will qualify for monetary assistance. The Foundation is not an Abbott benefit or entitlement, but rather a not-for-profit foundation established to help Abbott employees and retirees in severe financial hardship. Our policy states that, in order to receive monetary assistance, the client must demonstrate the inability to meet basic living needs.
2. Qualification for monetary assistance will be determined through the confidential* financial consultation process, which is free to all Abbott employees. The Foundation employs a team of experienced and capable financial consultants who will provide the guidance you need to achieve your goals. The process involves your active participation. You will be asked many questions about your finances and might be challenged to make tough decisions. Assistance may be a one-time monetary grant. While an individual may reapply for assistance, additional assistance is not guaranteed.
3. If it is determined that you qualify for monetary assistance, you and the financial consultant will work together to outline a financial solution, which may include responsibilities for you to complete during the time immediately before or after any award of funds. Be sure to review your responsibilities to make sure you are meeting them. In addition, you may be expected to participate in several follow-up visits to measure progress. The entire process may take up to four months.

Again, welcome to The Clara Abbott Foundation. We are glad that you are here and look forward to helping you achieve financial independence.

I/We have read this letter and understand its content.

Signature (Employee/Retiree)

Signature (Spouse/Domestic Partner)

*To the degree permitted by law.

How to Apply

Step
1

Check your eligibility

- » See Box A on application.

Step
2

Fill out the application

- » Be sure to fill in answers in every box.
- » Your information will be kept private.

Step
3

Fax or mail completed application with supporting documents

The Clara Abbott Foundation
1505 White Oak Drive
Waukegan, IL 60085
Fax: (847) 938-6511

Step
4

Meet with a consultant

A Clara Abbott Foundation representative will call you to schedule an appointment.

Step
5

Get a decision

- Recommendations may include:
- » Grants
 - » Referral to outside resources or agencies
 - » Budget help

What to Expect

How We Work

- » We will keep your information private
- » We will respond to you within five business days of receiving your application (24 hours in cases of abuse or a family member's death)
- » In the event that we are unable to give you a grant, we can provide budget help or referrals to other resources that may help you
- » We will give you as much guidance as we can

Required Documents

Application and Forms

- » Signed application
- » Signed "Taking the Next Step Toward Financial Independence" agreement

By failing to provide the following documentation, your application will be incomplete and may not be processed.

Income Statements

- » Copies of the first two pages of your IRS tax return for the last year or most recent filed
- » Current bank statements
- » Applicant's pay stubs reflecting regular and current work week (if different)
- » Most recent payroll stubs from all jobs for all family members
- » Most recent Abbott retirement, pension or social security statements
- » Most recent quarterly stock retirement plan statement (SRP)
- » Stock retirement plan loan(s) balance, payoff date, interest rate and payment amount for each loan

Bills

Send complete billing statements. Do not bring stubs or cancelled checks.

- » Rent lease copy or mortgage statement
- » Insurance statements: auto, medical, dental, home, life
- » Auto coupon book (or Truth-in-Lending statement) along with original loan contract
- » All utility statements: telephone, gas, electric, water, waste disposal, cable, cell phone
- » Unpaid medical/dental monthly statements (Explanation of Benefits — EOB)
- » Childcare billing statements
- » Legal documents: garnishment, divorce decree showing alimony or child support
- » All credit card statements with list of purchases
- » Property tax statements (unless included in mortgage payment)
- » Layaways or time payments
- » Other: music clubs, magazines, etc.

During Your Consultation

- » You and your consultant will review your financial records
- » Allow two hours for the meeting

After Your Consultation

- » Your consultant will write a report and make a recommendation
- » A team of reviewers will carefully consider the recommendation
- » You will be contacted with the decision, including any referrals to other resources (this process may take several weeks to complete)

Confidential Application*

THE CLARA ABBOTT FOUNDATION

If you are in a crisis or you have questions about the application, please call The Foundation at (847) 937-1090 or (800) 972-3859.

A APPLICANT ELIGIBILITY INFORMATION

I am (check one) Active Employee Survivor or Surviving Dependent of Employee/Retiree
 Retiree On Disability Leave of Absence

B APPLICANT INFORMATION

Last Name	First Name	Social Security Number	Date of Birth (month/day/year)
Street Address/Apartment Number	City	State	Zip Code
Home Phone Number	Work Phone Number	Other Phone Number	E-mail Address
Abbott Hire Date (month/day/year)	Division/Business Unit		
Where can you be contacted? What shift do you work?	<input type="checkbox"/> Work <input type="checkbox"/> First	<input type="checkbox"/> Home <input type="checkbox"/> Second	<input type="checkbox"/> Other <input type="checkbox"/> Third
		OK to leave message? Best time to call:	<input type="checkbox"/> Y <input type="checkbox"/> N
I am (check one)	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Domestic Partner

Spouse or Domestic Partner Name	Employer	Social Security Number	Date of Birth (month/day/year)
Address (if different from above)	City	State	Zip Code

List other household members and/or dependents (attach additional page if necessary).

First and Last Name	In Household	Student	Employed	Dependent	Special Needs	Relationship	Date of Birth (month/day/year)
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		

How did you hear about us? (Please check all that apply.)

<input type="checkbox"/> Attended meeting with information about The Foundation	<input type="checkbox"/> Human Resources/Employee Relations
<input type="checkbox"/> Spoke with someone from The Foundation at my site/event	<input type="checkbox"/> Attended a Clara Abbott financial education class
<input type="checkbox"/> <i>The Clara Connection</i> newsletter	<input type="checkbox"/> Employee Assistance Program (EAP)
<input type="checkbox"/> Web site (http://clara.abbott.com)	<input type="checkbox"/> Other (please explain) _____

Type of Health Care Plan: Abbott Insurance Yes No Type _____ Other Insurance Yes No Type _____

C ABBOTT EMPLOYEE INFORMATION REQUIRED IF APPLICANT IS THE SURVIVOR OR SURVIVING DEPENDENT OF THE EMPLOYEE/RETIREE

Last Name	First Name	Social Security Number	Division/Business Unit
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D REQUEST

Amount Requested: \$ _____ Description of Need (required): _____

To the best of my knowledge, the information on this application is complete and correct. By signing this application, I grant permission to The Clara Abbott Foundation (The Foundation) to make all inquiries it deems necessary, including, through a credit-reporting agency, verifying the accuracy of the statements made on this application. The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the consultation process. If The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide future assistance. For Abbott employees, any such behavior is considered a violation of the Abbott Code of Business Conduct (the Code) and will be subject to the consequences as set out in the Code.

Signature of Employee/Retiree/Survivor (required) _____ Date (month/day/year) _____ Signature of Spouse/Domestic Partner (required) _____ Date (month/day/year) _____

*Information provided to The Foundation is kept confidential except as required by law. The Foundation may decline any request for assistance at its sole and entire discretion.