



FINANCIAL ASSISTANCE APPLICATION

1 ELIGIBILITY

- I am an Abbott employee
- I am an Abbott retiree/former employee

2 ABBOTT EMPLOYEE INFORMATION

First Name	Middle Name	Last Name
Date of Birth (Month/Day/Year)	Hire Date (Month/Day/Year)	Retire Date (Month/Day/Year)
Abbott UPI Number	Division	Site Location (optional)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		

3 SPOUSE INFORMATION

First Name	Middle Name	Last Name
Date of Birth (Month/Day/Year)		

4 CONTACT INFORMATION

Address			
City	State/Province	Postal Code	Country
Primary Phone	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Secondary Phone	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Email	May we correspond by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Secondary Email	May we correspond by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		

5 HOUSEHOLD/DEPENDENT INFORMATION

List yourself and all household members and financial dependents (attach additional page if necessary):

	Name	Relationship	Date of Birth	In household?	Employed?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



FINANCIAL ASSISTANCE APPLICATION

6 FINANCIAL SITUATION

Estimated Amount Needed

Provide a brief description of your need (attach additional page if necessary)

7 CERTIFICATION

By typing/signing my name below, I certify and agree to the following:

- ♦ To the best of my knowledge, the information on this application is complete and correct.
- ♦ 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. I understand that 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 may be subject to the consequences as set out in the Code.
- ♦ Information provided to The Foundation is kept confidential except as required by law or in circumstances where fraud, deceit or concealment with regard to information on this application or obtained during the consultation process has been determined (or suspected).
- ♦ My personal information will be transferred to, and stored outside my home country-including the United States and other countries. Privacy laws in those countries may not protect my personal information to the same extent as laws in my home country. However, The Clara Abbott Foundation has adopted processes and practices to ensure a continuing adequate level of protection of my personal information.
- ♦ The Foundation may decline any request for assistance at its sole and entire discretion.

8 SIGNATURE(S)

Signature of applicant	Date (Month/Day/Year)
Signature of applicant's spouse (if married)	Date (Month/Day/Year)

9 SUBMIT APPLICATION

Along with this application, submit a copy of your pay stub/pay slip, and any other income documents that represent your household income. You can also submit bills, estimates or other expenses that you would like assistance with paying.

E-MAIL

askclara@abbott.com

A Picture of the application/documents is also acceptable.

FAX

1-847-938-6511

MAIL

The Clara Abbott Foundation
1175 Tri-State Parkway, Suite 200
Gurnee, IL 60031 USA