

Edo Friends Benefit Policies

- i) Bus passes**
 - Three Passes issued for 1st three months of membership. Eligible member must:
 - a. Be a registered member of the association
 - b. Be a recently arrived immigrant in the country
 - c. Have a demonstrated financial need

- ii) Birth of a new baby.**
 - Purchase of a gift of \$50 value

- iii) Bereavement**
 - \$200 plus a non-compulsory \$50 donation from each member

- iv) Welcoming a member's newly immigrated immediate family**
 - Financial Aid of \$200 in cash

- v) Loan**
 - a. Must be guaranteed by a member of the Executive
 - b. The committee will have a loan limit of \$500 per applicant
 - c. An application form must be signed and handed to the Benefits Committee chairman
 - d. Member must demonstrate ability to meet payment obligations
 - e. Member must have been a member for at least one year running
 - f. Installment payments are due on meeting day starting 3 months from approval date
 - g. Late payments are subject to interest charges at current bank rates

- vi) Financial Aid**
 - a. Deportation Grant of \$300 plus Proceeds from a Fundraiser
 - b. Other members in dire financial need

- vii) Illness/Injury**
 - a. \$100/month to a maximum of 3 months
 - b. Member is incapacitated for a period longer than seven days
 - c. Requires presentation of Doctor's report supporting that he/she was unable to work

- viii) Marriage**
 - a. \$100 plus a non-compulsory \$10 donation from each member
 - b. There must be visible demonstration of matrimony e.g. a ceremony or certificate copy

 - Member must be in good standing to be eligible for any benefit
 - Committee decisions are subject to appeal by the concerned member
 - Deliberations and disbursements shall remain confidential
 - As per the Constitution, any amounts exceeding \$500 require General House approval.
 - Disclosure is subject to consent by the applicant
 - Committee will liaise with the
 - General Secretary to confirm membership status
 - Financial Secretary to confirm membership standing and for fundraisers
 - PRO/Social secretary for official visits to members.
 - Committee will require at least 3 business days from application date to reach a decision

Edo Friends Benefits Documentation Form

Member Name:

Member Address:

Contact Number:

Date Submitted:

Needed Benefit or Declaration of any news (please check below):

- Bus passes
- Birth of baby
- Bereavement
- Immediate family immigration:
- Loan
Amount needed: _____
Payment Start Date: _____
Payment Amount (per month): _____
Applicant's Signature: _____
- Financial Aid
Amount needed: _____
- Sickness
- Marriage
- Other (please explain): _____

Document(s) Attached:

Please provide us with a description of your situation:

Loan Guarantor Information

NAME:

NAME:

TEL:

TEL:

ADDRESS

ADDRESS:

I understand that I will be held responsible for any unpaid amount should the above named applicant fail to meet his/her payment obligations.

Guarantor's Signature: _____ Guarantor's Signature: _____