

Grant Application: General Information

(Please Print Clearly)

Employee Name:

Employee Address:

City: _____ State: _____ Zip: _____

Employee Daytime Phone: (_____) _____

Alternate Phone: (_____) _____

Employee Email:

Employment City and State and Club:

Life Time Employee ID Number: _____

Please provide a brief description of the event that caused the economic hardship (attach additional pages as necessary):

Date of event causing the financial hardship: ____/____/____ (Must be within previous 120 days)

Please provide the total dollar amount you are requesting not to exceed \$1,500 \$ _____

How many people live in your household including yourself? _____ Adult(s) _____ Children
(dependents)

Declarations and Agreement

No employee is entitled to receive a grant, either by their employment, their history of contributions to the Program or because of any precedent inferred from a previous grant from the Program. Employees must have been employed by Life Time, Inc. for at least one year and be scheduled to work at least 20 hours per week in order to be eligible to be considered for a grant. Grants will not be made before an employee has demonstrated an immediate need, nor to employees who have other financial resources. This application will be treated in a confidential manner by the Foundation; however non-identifying statistical information may be reported to the Company on a periodic basis. Employees are expected to provide truthful and accurate information. In its due diligence, if the Foundation discovers any information it believes is untrue, it shall have the right to unilaterally waive its confidentiality obligation and report its findings to the Company. Your signature below verifies that the information provided is true and complete and authorizes the Foundation to obtain and/or verify all information necessary to process this application. In addition, you agree to provide all requested documentation supporting the information provided.

Employee Signature

Date

PERSONAL FINANCIAL STATEMENT

The employee must demonstrate that he or she was adversely impacted by a natural disaster or catastrophe. To assist with the evaluation of each request, applicants must provide documentation demonstrating a financial need for assistance.

REQUIRED ATTACHMENTS:

- Copies of estimates, receipts, or bills for items the assistance will be used to purchase or provide.

Please complete the following information:

If this request is due to a loss of income, is Life Time making you whole in another way, and, if so, how?

Total value of liquid assets \$ _____

A liquid asset is one that can readily be converted into cash with little impact on its value. Examples would include cash, checking account(s), savings account(s) and other accessible cash or investments – but not including retirement savings.

TOTAL monthly household income from all sources \$ _____

TOTAL annual household income from prior tax year \$ _____

If your annual gross income for the current year will be less than what was reflected on your previous year's return, please describe an estimate of the change and any reason for the change.

You may be required to submit documentation from your employer verifying the information provided herein.

Your signature certifies that the information provided is true and complete.

Applicant Signature

Date

Applicant Name (PLEASE PRINT)

INCIDENT REPORT

Examples of incidents that DO NOT qualify include but are not limited to:

- *Loss of household income due to cutback in hours or overtime, loss of a job, divorce, or loss of child support
- *Incidents that occurred more than 120 days prior to the application date
- *Accumulated financial distress (income is not enough to cover regular monthly bills)
- *Lack of medical insurance and/or lack of home owner's insurance

REQUIRED ATTACHMENTS:

You are required to substantiate (prove) your incident. Please attach appropriate documentation to show proof of the incident (e.g., pictures of property damage, police report, fire report, insurance report, medical note from a doctor, obituary, death certificate).

Is there insurance that would help in this situation?

Yes No

If yes, has a claim been submitted?

Yes No

Describe how the incident prevents you from meeting your financial obligations. (Attach additional pages if necessary)

Life Time Lifts Employee Hardship Assistance GRANT APPLICATION INSTRUCTIONS

The primary purpose of the Life Time Lifts' Employee Hardship Assistance Program (the "Program") is to provide emergency assistance to employees of Life Time, Inc. (the "Company") and its subsidiaries and affiliates (collectively, the "Employees") who experience unexpected financial hardship.

QUALIFIED INCIDENTS: Qualified incidents are unexpected circumstances that arise outside of the employee's control which causes an economic hardship for the employee's family. A qualified incident is typically a one-time event that occurs unexpectedly and causes unexpected bills. The reported incident must have occurred within 120 days of the application date. Circumstances that may qualify for a grant fall into four categories:

- Natural disaster,
- Life-threatening or serious illness or injury,
- Loss of life, or
- Catastrophic or extreme circumstances
- Other incident deemed eligible by the selection committee

Please note: Qualified incidents **do not** include: legal fees, loss of household income due to cut back in hours or lost job, divorce, credit card bills, home foreclosure, accumulated financial distress, or incidents that occurred more than 120 days prior to the application date or other incidents deems ineligible by the selection committee . The Program cannot pay for hardship caused by lack of home owner's or medical insurance.

APPLICATIONS: Applications to the Program will be reviewed by the selection committee and will be treated in a confidential manner; however non-identifying statistical information may be reported to the Company on a periodic basis. Applications will not be considered unless complete. Once the application is complete the applicant will receive a decision in writing within 20 business days. Applications must be submitted within 120 days of a qualifying incident. Employees are encouraged to keep a completed copy of the application for their personal records.

FINANCIAL ASSISTANCE: Grants from the Program are intended as a last resort for qualified employees, their spouses or their eligible dependents who are most vulnerable to financial distress caused by a qualified incident. *The maximum amount available for each incident is \$1,500.* Grants may be awarded to help pay for limited types of expenses or bills directly related to the qualified incident, including but not limited to: medical expenses not eligible for reimbursement by insurance, housing (rent or mortgage), utilities (water, gas, electric), food, or, other essential necessities.

Grants **will not** be awarded for expenses including, but not limited to: legal fees, insured property losses, credit card bills, car payments, cable television, telephone bills, internet service providers, and non-essential appliances and electronics, etc.

If the application is approved, the Program will issue the grant in the form of check(s) payable to the vendor(s) to whom the employee owes payment(s) or other suitable means as determined by the selection committee.

Submit the completed application with requested documentation to:

**Life Time Foundation
C/O: Life Time Lifts
2902 Corporate Place
Chanhassen, MN 55317**