



PGA of America Medical & Disaster Relief Fund Application

Name of Applicant _____
(First Name, Middle Initial, Last Name)

PGA Member # _____ E-Mail _____

Current Home Address _____

Contact Phone # _____ Date of Loss: _____

Type of Natural Disaster/Medical Emergency (**Application must be submitted within two years of the disaster/emergency**):

Because of the generosity of PGA Professionals, this fund provides relief for documented out of pocket expenses incurred by PGA Members and their families (legal spouse and minor children) as a result of very critical situations, such as acute, serious illness, severe accidents, and natural disasters (**PGA Medical & Disaster Relief Fund does not apply to loss of income, loss of revenue**), each as determined by the Board of Control.

The Board of Control distributes the funds as needed on a quarterly basis. The maximum lifetime grant to an individual is \$9,000. The grant can be in a lump sum or periodic payments as determined by the Board of Control.

IMPORTANT:

When filling out the application and worksheet, receipts/expenses for all out-of-pocket expenses for losses, damages, repairs, or other costs not covered by insurance, other relief programs or other means **must be provided along with this application and worksheet**. To be eligible to receive the maximum lifetime grant of \$9,000, the total of all receipts not covered by insurance or other means must total at least \$9,000. Eligibility Requirements: PGA Member, Legal Spouse/Partner or Dependent Child (No Members Terminated from the Membership rolls).

Additional documentation to be provided if request relates to very critical situation involving.....

Dwelling

- ✓ Documentation indicating that you are the legal owner of the home (dwelling).
- ✓ Documentation indicating that you are the legal owner of the facility.
- ✓ Verification that the impacted dwelling is the primary residence of the applying individual for no less than four (4) months per year. The BOC may approve an application for a dwelling that does not meet the four (4) month standard for primary residence if (1) the BOC believes the impact of the disaster to be a significant and material impact on the individual and (2) the dwelling is not primarily used as an income source for the applying individual.
- ✓ Declaration page of Homeowners policy showing exceptions/exclusions.
- ✓ If insurance claim will need summary of benefits showing how much the insurance is paying.
- ✓ If insurance denies claim will need a copy of this correspondence.
- ✓ If FEMA claim will need summary of benefits showing how much FEMA is paying
- ✓ If FEMA denies claim will need a copy of this correspondence
- ✓ Include out of pocket receipts/expenses for food, clothing, shelter, or transportation needs, if displaced by natural disaster.
- ✓ Pictures, if possible, of before and after damages

Medical (Acute, Disabling, Severe Emergency, Serious, and Life-Threatening Illness)

- ✓ Documentation from physician with diagnosis and dates of occurrences (can be 1 or 2 pages from physician on his/her letterhead to include current medical status going forward).
- ✓ Include out of pocket receipts/expenses for medical needs.

Exclusions – Include, but are not limited to:

- PGA Medical & Disaster Relief Fund is not intended to be used as disability or unemployment insurance and does not cover loss of income or revenue. PGA Medical & Disaster Relief Fund does not cover funeral expenses or over the counter or maintenance drugs. Additionally, PGA Medical and Disaster Relief is not intended for portions of the dwelling that are not critical for living purposes, such as, but not limited to, pool enclosures, decks, fences, etc. Accidents caused by the Member being under the influence of alcohol, marijuana in states where legal, or illegal substances, will disqualify an individual from receiving PGA Medical & Disaster Relief Funds. Class F or suspended Members are not eligible to receive PGA Medical and Disaster Relief. Those who receive grants should contact their tax advisor to discuss treatment of these funds.

The Board of Control reserves the right to determine the eligibility for reimbursement of the documented out of pocket expenses of the PGA Medical & Disaster Relief Fund request.

Please complete the following:

(Click on highlighted/underlined text below to obtain forms)

1. **PGA Medical & Disaster Relief Fund Application**
2. **[PGA Medical & Disaster Relief Fund Expense Worksheet](#)**

Set Up Your Workday Account

The PGA of America uses Workday for reimbursements (ACH - direct deposit). There are a few steps you need to take to set up your account. [Click here](#) (or see link below) for instructions to ensure your account is set up properly and ready for payment.

<https://resources.pga.org/increase-revenue/business-toolkit/your-workday-account/>

Once steps #1 and #2 are downloaded you can begin filling out the forms, don't forget to save. When the Application and Worksheet are completed and your Workday account has been set up and submitted, please email or mail forms #1 and #2 along with supporting documentation.

Please remit forms to:
Email tbrawley@pgahq.com
Mobile (561) 628-5291

(or mail to)

Tom Brawley, Senior Director
Membership and Governance
PGA of America
100 Avenue of the Champions, Suite 230
Palm Beach Gardens, FL 33418

I certify that all the information I have given is true and correct to the best of my knowledge. I have not filed additional applications with the PGA Medical & Disaster Relief Fund for aid to cover the same very critical situation. I will return any grant money I receive from the PGA Medical & Disaster Relief Fund if I receive insurance or money from organizations such as the Federal Emergency Management Agency, Red Cross, or other relief or charitable organizations for the same loss that covers all or any portion of the grant received from the PGA Medical & Disaster Relief Fund. I understand that if I intentionally make false statements or conceal information to obtain funds that my conduct may be evaluated for PGA of America Code of Ethics violations. I authorize and direct all custodians of records of my insurance companies, employer, any public or private agency, bank, financial institution, or credit data service to release information to the PGA Medical and Disaster Relief Fund upon request. If I have pending insurance, grant applications or other funding requests that will cover expenses resulting from the very critical situation for which I am applying for a PGA Medical & Disaster Relief Fund grant, then any money that I receive from the PGA Medical & Disaster Relief Fund will be considered an advance, and may be subject to repayment for any amounts that are ultimately covered by the pending funds I have sought.

I have received funds from GoFundMe, or other relief or crowdsourcing funds. ☐ Yes ☐ No

If Yes, Amount \$ _____

Signature

Date: _____

Print Name