

**ISTWF Hardship Program Application**  
**(ISTWF.org)**

Type or Print All Information, Except Signatures

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**INDOT Employee/Beneficiary Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Permanent Home Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Email Address: \_\_\_\_\_  
Relationship to INDOT employee: \_\_\_\_\_

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**QUALIFYING EVENT (an applicant is only eligible for one qualifying event)**

Please review the Hardship Policy for requirements, then select the Qualifying Event that has caused the Hardship:

- \_\_\_\_\_ **Death of an INDOT employee other than in the line of duty** (Please provide a certified death certificate)  
Information of deceased INDOT employee:  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_
- \_\_\_\_\_ **Death of an INDOT employee's spouse** (Please provide a certified death certificate and certified marriage certificate)
- \_\_\_\_\_ **Death of an INDOT employee's legal dependent** (Please provide a certified death certificate and corroborating documentation of legal dependency)
- \_\_\_\_\_ **INDOT employee's displacement from home when home is completely destroyed by fire or natural disaster** (Please provide supporting documentation, i.e. insurance paperwork, photos, police/fire report, etc.)
- \_\_\_\_\_ **INDOT employee's temporary displacement from home due to fire or natural disaster** (Please provide supporting documentation, i.e. insurance paperwork, photos, police/fire report, etc.)
- \_\_\_\_\_ **INDOT employee's serious injury or serious illness** (Please provide supporting documentation, i.e. documented time off of work, medical records/bills, insurance EOBs, etc.)
- \_\_\_\_\_ **Serious injury or serious illness of an INDOT employee's spouse** (Please provide supporting documentation, i.e. documented time off of work, medical records/bills, insurance EOBs, etc.)
- \_\_\_\_\_ **Serious injury or serious illness of an INDOT employee's legal dependent** (Please provide supporting documentation, i.e. documented time off of work, medical records/bills, insurance EOBs, etc.)
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The Indiana State Transportation Workers Foundation (ISTWF) Hardship Committee has the sole authority to approve and/or deny Hardship Program applications based on the criteria set forth in the Hardship Program Policy. Once completed, this application becomes the property of the ISTWF. It is recommended that you keep a copy of all application materials for your files.

- *I certify that I have read and understand the eligibility and application process **requirements set forth in the Hardship Policy** and that the information I have provided is complete and accurate to the best of my knowledge. If requested, I will provide additional verification of the information I have provided above. I understand that falsification of information may result in the termination of any Hardship Program benefit granted. I acknowledge and agree that the ISTWF Hardship Committee is solely responsible for determining eligibility for the Hardship Program benefit(s) and that all decisions of the ISTWF Hardship Committee are final.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_