



THE J. C. AND L. A. DUKE EMPLOYEES' ASSISTANCE FUND

A LEGACY OF CARING FOR 3M EMPLOYEES

Fund Overview

The J. C. and L. A. Duke Employees' Assistance Fund provides aid for 3M U.S.A. employees and their families who face financial hardship because of a catastrophic illness or accident. The Fund defines a catastrophe as an uncontrollable event or circumstance that has an immediate or long-range negative impact on the applicant's health, financial stability, employment or family conditions.

Goals of Duke Fund grants:

- Helping applicants achieve self-sufficiency and/or return to the workplace.
- Providing transitional assistance.
- Improving the quality of life for 3M U.S.A. employees and their families.

In the past, grants have been made to help employees with a variety of needs, including nonreimbursable medical expenses, home nursing care, air ambulance charges, replacement of household items destroyed by natural disasters, purchase of handicap-accessible vans and home modifications to accommodate physical disabilities.

Grant determination will be made by The Saint Paul & Minnesota Foundation, with assistance from The J. C. and L. A. Duke Employees' Assistance Fund Advisory Committee.

Who Can Apply

The applicant must be:

- An active employee of 3M U.S.A.
- On leave of absence from 3M U.S.A.
- A person who retired from 3M U.S.A. within five years of the date of application, or who suffer from the effects of a catastrophic accident or illness that occurred within five years of retirement.
- An immediate family member applying in the name of a 3M U.S.A. employee who has died within the last five years.

An individual applying on behalf of a 3M U.S.A. employee who is unable to apply on his or her own behalf because of physical or mental incapacity. If application is made on behalf of a living 3M U.S.A. employee, it must be authorized in writing by the applicant or his/her guardian.

The applicant must have been employed by 3M U.S.A. for a minimum of 30 days and be qualified to receive 3M benefits before applying to the Fund.



If the 3M U.S.A. employee is applying to offset the needs of an immediate family member, that family member must have his/her primary residence with the employee and/or receive more than 50 percent of his/her support from the employee. Immediate family members include spouse, child, parent or parent-in-law.

Selection Criteria

The application must have experienced a combination of the following factors:

- Financial hardship as a result of a catastrophic illness or accident.
- Lack or depletion of benefits available through the 3M Benefit Plan, personal benefit plans and/or other resources.

In addition, the applicant must be able to demonstrate that a grant will substantially assist him/her in overcoming all or a portion of the adversity. Awards will be made without regard to race, creed, color, gender, individual marital status, religion or national origin.

Grant Payments and Conditions

Grants will be paid to institutions providing services for the recipient, and/or to the recipient for charitable purposes as stated in the Terms of Grant Agreement.

- Grant payments may be made over a period of up to two years.
- Grants are subject to state and federal income tax guidelines.

How To Apply

Complete both the Application Form and the two Authorization to Release Information forms and return them to The Saint Paul & Minnesota Foundation. After receiving the application, The Saint Paul & Minnesota Foundation will verify the applicant's

3M employment, physical and/or mental health status, the need for service and the financial need of the applicant or family member(s) from the following persons identified by the applicant:

- Doctors/psychologists/social workers or other professionals associated with the situation.
- Administrators/officials of hospitals or other organizations/agencies that may provide needed services.
- 3M Benefits Department.
- Others knowledgeable about the situation.

Email or mail this form to:

Derek Taylor, Program Associate
The Saint Paul & Minnesota Foundation
101 Fifth Street East, Suite 2400
Saint Paul, MN 55101-1800
651.325.4237
derek.taylor@spmcf.org



THE J. C. AND L. A. DUKE EMPLOYEES' ASSISTANCE FUND

APPLICATION FOR ASSISTANCE

Complete and return this *Application for Assistance* and the two *Authorization to Release Information* forms to:
The J. C. and L. A. Duke Employees' Assistance Fund, The Saint Paul & Minnesota Foundation
101 Fifth Street East, Suite 2400, Saint Paul, MN 55101

Date _____

Name of 3M Employee: _____ Age: _____

Employee Number: _____

Address: _____

City/State/Zip: _____

Telephone Number: Work _____ Home _____

Email: _____

Employee Status: a Active Date Hired _____

a Disabled Date Disabled _____

a Retired Date Retired _____

a Deceased Date Deceased _____

3M Division or Department: _____

Location of 3M Office/Plant: _____

Individual who has experienced the catastrophic illness or accident (if different than applicant):

Name: _____
Last First Middle

Relationship to Applicant: a Spouse a Mother
a Son a Father-In-Law
a Daughter a Mother-In-Law
a Father a Other (please explain) _____

Individual submitting application (if different than applicant):

Name: _____

Relationship to Applicant: _____



FINANCIAL INFORMATION WORKSHEET

Others in Household

Spouse _____ Age _____

Other Adults in the Household _____ Age _____

_____ Age _____

Number of Children _____ Ages of children _____

Monthly Income for All Family Members in the Household

Source of Income _____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

Monthly Expenses:

Rent or Mortgage \$ _____ Second Mortgage (if applicable) \$ _____

Real Estate Taxes (if not included in monthly payment) \$ _____ Home Insurance (if not included in monthly payment) \$ _____

Heating \$ _____ Electric \$ _____

Water \$ _____ Telephone \$ _____

Trash \$ _____ Cable \$ _____

Clothing \$ _____ Personal Needs \$ _____

Household Costs \$ _____ Child Support \$ _____

Life Insurance \$ _____ Food \$ _____

Medical Costs \$ _____ Church/Charity Contributions \$ _____

Vehicle Expenses.

Year and make of all vehicles _____

Vehicle payment \$ _____ Vehicle Insurance \$ _____ Gasoline and Oil \$ _____

Loan Payments:

Creditor _____ Amount Owed \$ _____ Monthly Payment \$ _____

Creditor _____ Amount Owed \$ _____ Monthly Payment \$ _____

Creditor _____ Amount Owed \$ _____ Monthly Payment \$ _____

Credit Card Payments.

Type of card _____ Amount Owed \$ _____ Monthly Payment \$ _____

Type of card _____ Amount Owed \$ _____ Monthly Payment \$ _____

Type of card _____ Amount Owed \$ _____ Monthly Payment \$ _____

Other expenses \$ _____ Description _____

Total Expenses \$ _____

Nature of Catastrophic Illness or Accident

Please attach the following:

1. Description of the catastrophic illness or accident that has resulted in the financial need.
2. Statement of the need not being met due to lack or depletion of benefits available through the 3M Plan and/or other personal benefit plans or resources.
3. An estimate of the cost of services/assistance needed to help overcome all or a portion of the adversity.

Authorization to Release Information

As part of your application for assistance from The J. C. and L. A. Duke Employees' Assistance Fund, The Saint Paul & Minnesota Foundation will verify information in your application and may request other information from social workers and/or health care professionals that is pertinent to your application.

By signing this form, you agree to authorize your physician, social worker or other professional to release to (or discuss with) staff of The Saint Paul & Minnesota Foundation or The J. C. and L. A. Duke Employees' Assistance Fund Advisory Committee, or any member, agent or employee thereof, information regarding your application.

This authorization will remain in effect for a period of one year or as long as the application is outstanding, whichever is longer.

Dated this _____ day of _____, 20 _____

Name of Applicant (please print)

Name of Individual Submitting Application (please print)

Signature of Applicant (3M Employee)

Signature of Individual Submitting Application (if different than applicant)

Personal/Professional References

Please list one or more persons most familiar with the illness/accident and resulting difficulties. These may include a doctor, social worker, administrator/official of an agency/organization providing services to the applicant, and/or a 3M official.

1. Name _____

Position _____

Affiliation _____

Address _____ City/State/Zip _____

Telephone Number _____

2. Name _____

Position _____

Affiliation _____

Address _____ City/State/Zip _____

Telephone Number _____

Signatures

Signatures at the end of the application authorize The Saint Paul & Minnesota Foundation and The J. C. and L. A. Duke Employees' Assistance Fund Advisory Committee to verify information in the application, to contact the references listed and to make whatever investigation is deemed appropriate by the Foundation for informed decision making.

If the application is submitted on behalf of the applicant, the application must be signed by the applicant in addition to the person submitting the application, unless the applicant is physically or mentally incapacitated or deceased.

Signature of Applicant (3M U.S.A. Employee)

Date

Signature of Individual Submitting Application (if different than applicant)

Date



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AUTHORIZATION TO RELEASE INFORMATION

As part of your application for assistance from The J. C. and L. A. Duke Employees' Assistance Fund, The Saint Paul & Minnesota Foundation will verify information in your application and may request other information from 3M that is pertinent to your application.

By signing this form, you agree to authorize 3M, or such person(s) it may designate, to release to (or discuss with) The Saint Paul & Minnesota Foundation or The J. C. and L. A. Duke Employees' Assistance Fund Advisory Committee, or any member, agent or employee thereof, information regarding you and your employment by 3M (including information relating to the illness or accident with which your application is associated), salary, benefits, stock, retirement and savings accounts.

You also agree to authorize The Saint Paul & Minnesota Foundation to advise the 3M Benefits Department of the disposition of your application for assistance.

This authorization will remain in effect for a period of one year or as long as the application is outstanding, whichever is longer.

Dated this _____ day of _____, 20 _____

Name of Applicant (please print)

Name of Individual Submitting Application (please print)

Employee Number _____

3M Division or Department _____

Location of 3M Office/Plant _____

Signature of Applicant (3M Employee)

Signature of Individual Submitting Application (if different than applicant)

Please include a copy of a recent payroll check stub, and if you are enrolled in the 3M Savings Plans, a copy of a recent quarterly statement. If the request is being made because of a medical condition, it would be helpful if you would include a doctor's statement with the diagnosis and prognosis.

All information submitted is confidential, and applicants are not identified to the Committee members.

