



EMERGENCY LOAN APPLICATION
Kaiser Permanente Southern California
Southern California Wildfire Assistance – November, 2018

Deadline for form submission: 2/28/19

Name: _____ Date: _____
Employee/Physician #: _____
Cost Center: _____ Department: _____
Work Location: _____ Home address: _____

Amount of Loss (if known): \$ _____

Loan Amount Requested (to a maximum of \$10,000): \$ _____

Nature of Loss:

Pending insurance or emergency assistance claims filed with city, state, federal or insurance agencies. (Please attach copies of application):

If approved, I prefer to sign loan agreement and pick up check at (check one):

- Local Human Resource Office
- Local associate area medical director office (physicians only)
- Other (please specify): _____

Signature

Date

Scan and Email Employee Request Forms to: deborah.silverman@kp.org, HR Compliance.
Physicians may contact Permanente Human Resources Shared Services at 1-877-608-0044 to initiate a Short-Term Emergency Support request.