



EMERGENCY LOAN APPLICATION
Kaiser Permanente Southern California

Southern California Wildfire Assistance – October 2019

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

Amount of Loss (if known): \$ _____

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 Risk Management.
Physicians may contact Permanente Human Resources Shared Services at 1-877-608-0044
to initiate a Short-Term Emergency Grant request.