



**EMERGENCY LOAN APPLICATION**  
**Kaiser Permanente Southern California**  
**Southern California Wildfire Assistance-2020 Wildfires**

**Deadline for form submission: 11/19/20**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee/Physician #: \_\_\_\_\_  
Cost Center: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Location: \_\_\_\_\_ Complete Home address: \_\_\_\_\_

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Amount of Loss (if known): \$ \_\_\_\_\_

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

Nature of Loss:

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

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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](mailto: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 Support request.**