

Signet Team Member Relief Fund*

Purpose

The Signet Team Member Relief Fund provides grants to Signet employees who have encountered financial or other hardship for reasons beyond their control and/or to provide temporary relief to meet the necessities of life of persons who are needy and distressed on account of a disaster*.

**If your request is related to the COVID-19 pandemic, please indicate that on the triggering events section.*

Note: Eligible assistance does not include payments for 1) lost wages, 2) expenses that are covered by insurance or other third-party reimbursements, 3) lost business income, or 4) unemployment compensation. Monthly bills and debts, unless directly related to a Triggering Event are not eligible reasons for employee assistance.

Eligibility

All full-time and part-time Signet employees and their immediate household family members as determined by the selection committee.

Process

- The application must be completed and signed by the employee and returned to SignetDRF@signetjewelers.com. **Note: Incomplete applications will be returned to the employee.**
- For privacy purposes, grant applications are reviewed by the Officers of the Selection Committee using the fund's grant-making qualifications and pursuant to IRS regulations.
- All decisions made by the Selection Committee are final.
- If the application is approved for assistance, a SDRF check will be sent directly to the employee.
- If the application is not approved for assistance, the SRDF Committee will send notification of the denial to the employee.

Grant Amounts

To ensure sustainability of the Fund and our ability to support our team members, approved grants are typically awarded in amounts of \$250, \$500 and \$1,000 based on demonstrated financial need.

*A project of the Signet Disaster Relief Fund, Inc.

REQUEST FOR ASSISTANCE

I am applying for assistance from the Signet Team Member Relief Fund*.

Please consider this request.

(When complete, please print, sign, and return to SignetDRF@signetjewelers.com.)

Employee First Name	Middle Initial	Last Name
Employee Number	Home Phone	Mobile Phone
Home Address		
City	State	Zip Code
Store Number/Department Number	Brand	Employee Position

The following information is important in determining the eligibility of your request.

Is your request related to a natural disaster or COVID-19? Yes _____ No _____

***If yes, please also answer the additional questions on page 4 related to COVID-19.**

List the total number of your dependents, whether living in your household or not. _____

Do you: Own: _____ Rent: _____ Other: (e.g. live with relatives) _____

If you selected "Other", please describe your financial responsibility, if any, for your residence: _____

Is your home currently livable? Yes ___ No ___ (A home is not considered unlivable due to a temporary loss of utilities.)

Annual total household income: \$ _____

Total household monthly income: \$ _____ (please include any unemployment compensation)

Total household monthly expenses: \$ _____ (please detail below)

Monthly mortgage or rental payments: \$ _____

Monthly automobile payments: \$ _____

Monthly utilities: \$ _____

Monthly food expenditures: \$ _____

Description and amount of any other monthly expenditures not listed above: \$ _____

Date of Triggering Event	Approximate Date Hardship Began

Describe Triggering Event

What caused the damage or significant financial hardship? (For example, COVID-19, Hurricane "Name", Flood, Fire, or Death of Immediate Family Member, Emergency Medical Expenses, etc.)

Summarize Home/Personal Property Damage or Significant Financial Hardship.

Identify whether you have applied for assistance from any of the following organizations.
Red Cross _____ Salvation Army _____ United Way _____ FEMA _____ Other: _____
If any of these organizations have been of assistance, please describe.

Do you have insurance coverage or other sources of income to assist with these expenses?	
Yes ___ No ___ Insurance Deductible: \$ _____	
Estimate your expenses <i>not</i> covered by insurance or other source.	
Home Damage \$ _____	*Limited to deductible if you have insurance. Should be \$0 for Renters unless responsible for home damages.
Personal Property Damage \$ _____	*Not covered by insurance. Do not include co-payments.
Medical Expenses: \$ _____	
Other Expenses: \$ _____	

Grand Total: \$ _____

COVID-19 Relief Questionnaire

Have you been impacted by COVID-19, creating a financial hardship? Yes _____ No _____

What is your employment status? Furlough _____ Full time _____ Part time _____ Seasonal _____

Did you receive a bonus (Store or STIP) Yes _____ No _____

Have you applied for or are you receiving unemployment benefits? Yes _____ No _____

Have you or your spouse lost work because of COVID-19? Yes _____ No _____

Have you or member of your household tested positive/been hospitalized/had to self-quarantine due to COVID-19, creating a financial hardship? Yes _____ No _____

Because of your financial hardship created by COVID-19 are you unable to pay for:
Medical Bills/Prescription Costs: Yes _____ No _____ Mortgage/Rent: Yes _____ No _____ Groceries/Food: Yes _____ No _____
Childcare/Dependent Care Costs: Yes _____ No _____ Other (Describe): _____

If you answered yes to the question above, please provide the amount of non-reimbursable costs for the item (i.e. not covered by insurance or another source): \$ _____

How many people are in your household? _____

Have you received assistance in the past from the Signet Disaster Relief Fund?

Yes _____ No _____ If yes, when? _____

I hereby certify that the information contained in this application is true, correct and complete, and that I am requesting assistance because of a significant hardship that is not covered by insurance or any other source.

By submitting the application, I acknowledge that the information provided herein, including any attached information or verbal statements, is being voluntarily provided to the Signet Disaster Relief Fund ("SDRF") by me and I understand that this information may be disclosed to Signet Jewelers Limited and its subsidiaries. I consent to the disclosure of the information to the SDRF and Signet Jewelers and hereby WAIVE AND RELEASE the SDRF and Signet from any and all claims or liability, including but not limited to claims under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), related to the information.

Print Employee Name:	Date:
Employee Signature:	

Must be completed by HR Manager

Is this application filled out completely? Yes _____ No _____	Need/Severity Code (A,B,C or D): _____
COVID-19 Related Checklist Score: _____	
Print HR Manager Name: _____	
Signature: _____	

Grant Committee Decision

Grant Committee Decision: Grant _____ Deny _____ If Granted, amount of assistance: \$ _____

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