



LIFE ASSISTANCE LOAN

Employer Group: _____

Date: _____ **Amount Requested:** _____

Employee Information

Name: _____ **Hire Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Employer Contact: _____

Employer Contact Phone: _____

Employer Email: _____