

Johns Hopkins University Caregiving and Employee Relief Fund

Application and Attestation

To be submitted to Discovery Benefits with EVERY Claim

JHU Affiliates who meet the JHU COVID-19 Caregiving Relief Fund and Employee Relief (“the Fund”) eligibility criteria must complete this form in order to apply for reimbursement of additional and qualifying caregiving, remote learning support, and technology equipment expenses incurred as a direct result of the COVID-19 pandemic. The Fund’s terms and conditions are available at this website: <https://hr.jhu.edu/coronavirus/>

Name: _____

JHED: _____

Email: _____

Phone Number: _____

Residential Address: _____, _____, _____, _____
Street Address City State Zip

Please select the appropriate category for your reimbursement request. For all categories, the costs must have been incurred as a result of the pandemic and not be submitted for reimbursement through a dependent care flexible spending account, JHU Child Care Voucher, JHU COVID-19 Employee Relief Fund, insurance or reimbursed through any other means.

- Incremental school-age (K-12th grade) child care and/or homework supervision costs (e.g., in-home care, in-center care, learning pods) for a dependent child to supplement or replace time that the dependent child would have been in school. Substantiating documentation must include receipts that evidence the:
 - Cost of care prior to COVID-19 (including before and after school care): \$ _____
 - New cost of care incurred as a direct result of COVID-19: \$ _____
 - Difference between pre and post COVID-19 costs: \$ _____

- Incremental virtual or in-person tutoring, eLearning coaches, or other remote learning support expenses for a school age dependent child. Substantiating documentation must include receipts that evidence the:
 - Cost of remote learning support expenses prior to COVID-19: \$ _____
 - New cost of remote learning support expenses incurred as a direct result of COVID-19: \$ _____
 - Difference between pre and post COVID-19 costs: \$ _____

- Incremental childcare costs for a pre-Kindergarten, dependent child incurred as a result of the ordinary care being impacted by COVID-19. Substantiating documentation must include receipts that evidence the:
 - Cost of care prior to COVID-19: \$ _____
 - New cost of care incurred as a direct result of COVID-19: \$ _____
 - Difference between pre and post COVID-19 costs: \$ _____

- Educational or special needs services provided to a school-age dependent child to supplement those normally provided in a public school setting, for example, occupational or speech therapy. Substantiating documentation must include receipts that evidence the:

- Cost of educational or special needs services prior to COVID-19: \$ _____
- Cost of new educational or special needs services incurred as a direct result of COVID-19: \$ _____
- Difference between pre and post COVID-19 costs: \$ _____

Incremental eldercare costs for adult immediate family members (spouse, child, domestic partner, parent, in-law, or grand-parent). For example, household services usually provided by a family member or adult day center, or that are newly required due to COVID-19. Substantiating documentation must include receipts that evidence the:

- Cost of care prior to COVID-19: \$ _____
- Cost of new care incurred as a result result of COVID-19: \$ _____
- Difference between pre and post COVID-19 costs: \$ _____

Please select family member (including in-law & step relations) cost is related to:

Spouse/Domestic Partner Parent Grandparent Adult Child Sibling

Incremental WiFi expenses (e.g., upgrading your internet data plan/speed) incurred to support remote learning for school age (K-12th grade) dependent child. Substantiating documentation must include receipts that evidence the:

- Cost of internet services prior to COVID-19: \$ _____
- Cost of new internet services incurred as a direct result of COVID-19: \$ _____
- Difference between pre and post COVID-19 costs: \$ _____

Technology equipment expenses for use by a school age dependent child during remote learning (e.g., tablet, computer, laptop, printer, webcam, speaker, microphone, headphones, and WiFi extenders). This category will be limited to a maximum benefit of \$1,000 per JHU Affiliate for expenses incurred on or after July 1, 2020.

Incremental transportation expenses for work (Emergency Relief Fund Only) (e.g., using lyft or urber services to avoid mass transit). Substantiating documentation must include receipts that evidence the:

- Cost of transit services prior to COVID-19: \$ _____
- Cost of new transit services incurred as a direct result of COVID-19: \$ _____
- Difference between pre and post COVID-19 costs: \$ _____

Other Incremental Expenses Related to Pandemic: (please provide a detailed explanation of your request).

Amount Requested: \$ _____

Please note that the amount requested must match the documentation you submit.

BY SUBMITTING THIS FORM, you must hereby certify to all of the following:

To the best of my knowledge, the information that I have provided herein or will provided to Discovery is complete and accurate. I hereby certify that I am an eligible employee and that my submitted expenses satisfy EACH of the following criteria:

- are eligible expenses under the COVID-19 Caregiving Relief Fund program terms;
- were incurred on or after September 1, 2020 (or July 1, 2020 in the case of technology equipment expenses);
- were incurred as a direct result of the COVID-19 pandemic;
- will not be reimbursed to me from any other source whether insurance, my dependent care flexible spending account, through a JHU Child Care Voucher, the JHU COVID-19 Employee Relief Fund or otherwise.
- were incremental and above amounts paid for similar services prior to the onset of the pandemic

I authorize Johns Hopkins University and Discovery Benefits to verify my eligibility and the nature of the costs claimed as needed and appropriate. I understand that if it is determined that I received a payment that does not qualify under the COVID-19 Caregiving Relief Fund program terms, I must return any payments made to me promptly. I also understand that I may be subject to disciplinary action if I provide false information or incomplete information. If there are any changes in the provided information, I understand it is my responsibility to immediately notify Discovery Benefits.

Signature: _____ Date: _____