

Hardship Fund Application Protocol

1. Go to the [Hardship Fund website](#)

The screenshot shows the Columbia Research website. The header includes the Columbia University logo and navigation links. The main content area is titled "Postdoc/ARS Hardship Support Fund". It features a "Next Application Cycle: October 1-15" and a detailed description of the fund's purpose: "The Columbia University Postdoc/ARS Hardship Support Fund provides financial assistance to Employees, covered under the collective bargaining agreement, with a temporary hardship due to an unexpected medical emergency (e.g., medical, dental, prescription, and vision expenses for themselves or their covered dependents causing financial hardship) or other unanticipated expenses causing financial hardship. Hardship Support Fund awards are grants that reimburse actual expenses. These awards are not loans and are not repaid. However, they may be taxable." It also states: "The Hardship Support Fund will reimburse payments to Employees for up to \$5,000 per academic year (July 1 to June 30). Non-medical reimbursements are taxable. Expenses must be incurred within the current academic year (and...". On the right side, there is a "Contact" section listing Michele Avallone, JD, Director for Export Controls & International Engagement, and Janique Chessman, MS, Associate Director, Research Compliance.

2. Important: Thoroughly read the FAQ's on the website

The screenshot shows the "Frequently Asked Questions (FAQs)" section of the website. It lists several questions with expand/collapse icons:

- What are considered eligible expenses?
- What are considered ineligible expenses?
- Who is on the Columbia Postdoctoral Workers-UAW Local 4100 Hardship Support Fund Review Committee?
- Is the Columbia Postdoctoral Workers-UAW Local 4100 Hardship Support Fund confidential?
- How will the funds be dispersed?

At the bottom right of the FAQ section, there is a "Click to top" button.

The FAQ's contain critical information about:

- What expenses are eligible or ineligible.
- When you will be paid out.
- What additional documentation to provide when you have bills in a foreign currency.
- And much more.

3. Scroll all the way to the bottom of the website to **start your application**

a. Click on "How to Apply"

The screenshot shows the bottom portion of the website. It features a dark blue footer with contact information for the Office of the Executive Vice President for Research. The main content area shows a section titled "APPLICATION" with an expand/collapse icon. Below this, the link "How to Apply" is highlighted with a red arrow pointing to it.

4. Prepare your **Required Documentation**
 - a. For medical, dental, prescription or vision, you **NEED** to provide an **Explanation of Benefits (EOB)** from your insurance (eg United Healthcare or Aetna).
 - b. You can access your EOB in your insurance account, or sometimes you receive them by mail. You can find an example of how an EOB looks like, and how to find them on the page **Explanation of Benefits example** below.
 - c. **Proof of payment**, i.e., credit card statements, bank statements, checks. Examples of acceptable proof of payment documents can be found below on page **Proof of Payment example**. If you send a copy of your card transactions, highlight the dollar amount that is relevant for your application.
 - d. Invoice or bill.
5. Critical for a successful application:
 - a. Provide as much clarity as possible. It is recommended to **provide a table of your incurred costs** and clearly link that to your submitted documents. Add up the different amounts in the table so it is congruent with the dollar amount you request. Any clarity you can provide to make it easier for the review committee to verify your application, **increases your chances of a swift and successful review**.
 - b. Provide a correct Employee Number. An example of how to find your Employee ID number can be found on page **Employee ID** example, below. **YOUR EMPLOYEE NUMBER IS NOT YOUR CUID**. It is an 8 digit number starting with "10".
 - c. Provide a clear and concise explanation of the reason for your application.
6. Reasons for automatic desk rejection:
 - a. Lack of any of the required documents. For example, you provide your EOB but not your proof of payment.
 - b. There are too many different bills that make it difficult for the review committee to verify your requested amount with the dollar amount of the bills.
 - c. You provide a medical bill without an EOB. The review committee cannot accept charges that have not first been reviewed by the insurance company.

Explanation of Benefits example

1. Sign in to myuhc.com or access through the UHC app.
2. Go to My Account
3. Select Documents & forms

The screenshot shows the United Healthcare website interface. At the top, there is a navigation bar with the United Healthcare logo on the left and a search bar with the text "What are you looking for?". To the right of the search bar is a "My Account" button. Below the navigation bar, there are several tabs: "Home", "Find Care & Costs", "Claims & Accounts", "Coverage & Benefits", and "Pharmacies & Prescriptions". The "Documents and forms" section is highlighted. Below this section, there are filter options: "Filter by" with buttons for "Document type (1)", "Date", "Member name", "Coverage type", "Provider name", and "Document status". There is also a "Sort by" option set to "Date created - Newest to oldest". A "Clear filters" button is present, along with a tag for "Explanation of Benefits". Below the filters, it says "You are currently viewing 1 document type (17 results)". On the right side, there is a "Select Documents" button and a "Chat" button.

4. Select your document type
5. The **cover page** tells you how much allowance is left in total, this number is not important for the application
6. The pages after that (see screenshot on page 3) has details about: 1) What has been billed to the insurance by your doctor, 2) what the insurance pays, 3) what amount is the copay 4) the amount left over that you have to pay. **The amount in section 4 is what you can apply for for reimbursement, and these amounts should be clearly indicated and should be the same as your proof of payment and bills.**
7. IMPORTANT; Co-pay outlined in box 3 cannot be reimbursed. The hardship fund does not refund normal co-pays.
In this example, there is only a copay in box 4, and therefore no costs have been incurred that are eligible for reimbursement.

Coverpage



UnitedHealthcare Service LLC
 BUFFALO SERVICE CENTER
 PO BOX 740809
 ATLANTA, GA 30374-0809

Explanation of Benefits

Member/Patient: [REDACTED]
 Member ID: [REDACTED]
 Relationship: [REDACTED]
 Group name: COLUMBIA UNIVERSITY
 Group number: [REDACTED]



Hi, [REDACTED]

THIS IS NOT A BILL. This Explanation of Benefits (EOB) is a summary of services received and how plan benefits were applied.

To the right is the total amount you may owe for the services included in this statement - but, depending on when you receive this statement, that amount may not reflect payments you've already made. Visit myuhc.com to see the most up to date amounts.

Use this EOB as a reference or retain as needed.

Services in this statement occurred between Aug 26, 2025 - Sep 2, 2025

Provider billed	\$ [REDACTED]
Your total amount owed	[REDACTED]

Scan this code to download the **UnitedHealthcare® app** and see your most up-to-date information.



Plan balances

As of 09/17/2025 for plan year 2025

Balances for SHERIDA

		Maximum amount	Progress so far	Remaining amount
Network	Deductible	\$400.00	\$0.00	\$400.00
	Out-of-pocket limit	\$3,250.00	\$2,131.52	\$1,118.48
Out-of-Network	Deductible	\$850.00	\$0.00	\$850.00
	Out-of-pocket limit	\$5,250.00	\$0.00	\$5,250.00

Got questions?

Get in touch with customer service at **800-232-9357**



United
Healthcare®

Claim detail for [REDACTED]

Provider: [REDACTED]

Status: Network

Patient account number: [REDACTED]

Claim number: [REDACTED]

Services received	Claim processing codes	Billed	Savings and plan allowed amount		Amounts paid	Total you owe				
		Provider billed	Amount saved	Plan allowed amount	Your plan paid	Applied to deductible	Copay	Coinsurance	Plan does not cover	Amount you owe**
[REDACTED]	D1	\$150.00	\$65.00	\$85.00	\$55.00	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00
[REDACTED]	D1	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[REDACTED]	D1	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total amount		\$300.00	\$215.00	\$85.00	\$55.00	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00

Provider: [REDACTED]

Status: Network

Patient account number: [REDACTED]

Claim number: [REDACTED]

Services received	Claim processing codes	Billed	Savings and plan allowed amount		Amounts paid	Total you owe				
		Provider billed	Amount saved	Plan allowed amount	Your plan paid	Applied to deductible	Copay	Coinsurance	Plan does not cover	Amount you owe**
[REDACTED]	D1	\$400.00	\$216.78	\$183.22	\$153.22	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00
Total amount		\$400.00	\$216.78	\$183.22	\$153.22	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00





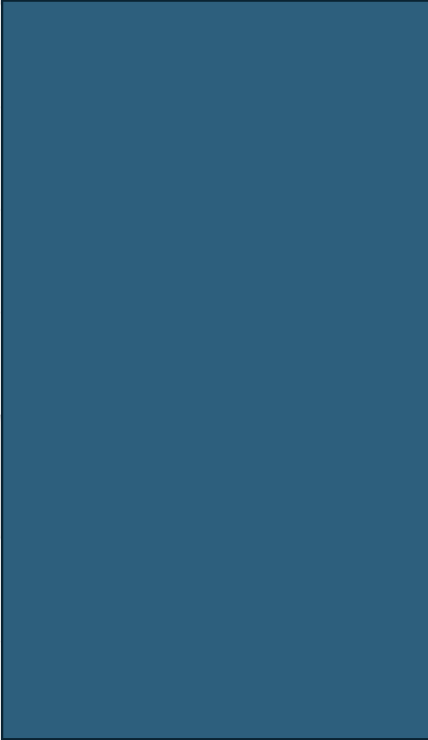





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United
Healthcare

Proof of Payment example

Statement Ending May 12, 2025			  
DATE	DESCRIPTION	AMOUNT	
▼ May 05	 JAG PHYSICAL THERAPY J Healthcare 1% Cash Back		
▼ Apr 28	 JAG PHYSICAL THERAPY J Healthcare		
▼ Apr 17	 JAG PHYSICAL THERAPY J Healthcare		
▼ Apr 12	 JAG PHYSICAL THERAPY J Healthcare		
Statement Ending Apr 11, 2025			
DATE	DESCRIPTION		AMOUNT
▼ Apr 10	 JAG PHYSICAL THERAPY J Healthcare		
▼ Apr 04	 JAG PHYSICAL THERAPY J Healthcare		

[Load Previous Statement](#)

Example of proof of payments (screenshot of bank statements/charges) for healthcare costs.

Money sent ✕



All done! You've sent ██████████
Landlord.

The money will typically be available
in minutes.

Sent to	Landlord
Enrolled as	z ██████████
Email address	██
Amount	██████████
From account	██
Memo	July rent
Confirmation code	██████████

[➤ Send another payment](#)

Example of proof of payment (screenshot of Zelle payment) for unanticipated loss of income to cover costs. Note normal scheduled payments like rent are *not* typically eligible for hardship fund reimbursement but can be in cases where the worker experiences an unanticipated loss of income.

