

## EVENTS ELIGIBLE FOR ASSISTANCE

### 1. Natural Disaster, Fire, Flood Assistance

**Eligible Event:** STAR's home has been destroyed or is rendered unlivable by a natural disaster and alternative housing is not available.

**Amount of Award:** Up to \$1,000 for temporary housing and essential items.

**Required Documentation:** Photographs, insurance claims and/or lodging receipts.

### 2. Care of a Family Member

**Eligible Event:** Immediate Family Member or Domestic Partner suffers from an extended or acute illness (lasting longer than 2 weeks), and the STAR misses at least 2 weeks of work to assist in the care of the family member for which he or she is not paid.

**Amount of Award:** Up to \$1,000 per incident.

**Required Documentation:** A statement from the attending physician indicating the date of the onset of the unexpected illness, and the expected duration of the required care.

### 3. Transitional Housing

**Eligible Event:** STAR suffers abuse resulting in his or her need to relocate to another personal residence.

**Amount of Award:** Up to \$1,000 for relocation assistance (temporary housing, deposits for an apartment, etc.). This award is limited to only once per lifetime.

**Required Documentation:** A police report, a court order or a statement from relevant social service agency.

### 4. Relocation of Child(ren)

**Eligible Event:** 1) Death of STAR or STAR's family member resulting in the need to transition the STAR's child(ren) to a new home, or to transition a family member's dependent child(ren) to the STAR's home, or 2) in the case of abuse, help relocate the STAR's dependent child(ren) to a safe environment.

**Amount of Award:** Up to \$1,000 for the transition of a dependent child(ren) to a new home.

**Required Documentation:** 1) A death certificate and statement indicating the Eligible Person has custody of the dependent child(ren) if applicable, and/or 2) A police report, a court order or a statement from relevant social service agency.

### 5. Emergency Travel

**Eligible Event:** 1) To attend a funeral of an Immediate Family Member or Domestic Partner or make a final visit to a terminally ill Immediate Family Member or Domestic Partner or 2) to escort a critically ill Immediate Family Member or Domestic Partner to a remote medical facility or hospice.

**Amount of Award:** Up to \$1,000 for transportation, lodging and food.

**Required Documentation:** 1) A death certificate or for the purpose of a final visit, a statement from the attending physician regarding terminal status in addition to receipts for travel expenditures when available or 2) a statement from the attending physician indicating the need for remote facility in addition to receipts for travel expenditures when available.

### 6. Funeral Expenses

**Eligible Event:** To help a STAR who is financially responsible for paying the funeral expense of an Immediate Family Member or Domestic Partner, or, in the event of the STAR's death, an Eligible Person may receive assistance if he or she is financially responsible for paying the funeral expense of the STAR.

**Amount of Award:** Up to \$1,000 for funeral expenses.

**Required Documentation:** A statement from the funeral home indicating financial responsibility.

- An **Eligible Person** is an individual who is employed by Gaylord Entertainment as a regular full-time or part-time STAR or, in the case of the STAR's death, such STAR's spouse, unmarried dependent children under 19 (or under age 25 if the child is also a full-time student), or Domestic Partner.
- As used in this document, **Immediate Family Member** means the STAR's parent, grandparent, spouse, sibling, child, or in-law, and **Domestic Partner** is a person as specifically defined in the Gaylord Entertainment Company Health and Welfare Benefits Summary Plan Description.
- In the event that the STAR has died and another Eligible Person is seeking assistance from STARS Helping STARS, please contact the STAR's local Human Resources Department or Corporate STAR Relations for assistance in completing and submitting the necessary documentation



**STARS Helping STARS, Inc.**  
**PAYROLL DEDUCTION AUTHORIZATION FORM**

To begin your tax-deductible\* contribution through payroll deduction, complete this form and return it to: **Gaylord Entertainment, Attention: Corporate Payroll Department, 2806 Opryland Drive, Nashville, Tennessee 37214**

YOUR NAME: \_\_\_\_\_ STAR ID or SSN: \_\_\_\_\_

Company / Location: \_\_\_\_\_

I hereby authorize Gaylord Entertainment to deduct the following amount from my paycheck each pay period for contribution to STARS Helping STARS, Inc.:

**Elected Contribution Amount:**

\_\_\_\_\_ \$0.50                      \_\_\_\_\_ \$1.00                      \$\_\_\_\_\_ Specify dollar amount

\_\_\_\_\_ \$0.75                      \_\_\_\_\_ \$5.00

\_\_\_\_\_ I revoke my prior election and choose to stop my payroll deduction at this time.

I understand that my donation to this fund will begin with the first available pay period after this authorization form has been processed and will be used for assistance to Gaylord Entertainment STARS in need and in accordance with established guidelines of the program. My deduction will be made each pay period and will continue until revoked by me upon completing a revised deduction election above. In the event that I miss a contribution due to lack of earnings in a pay period, that contribution will not be deducted from a future paycheck.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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Thank you for contributing to STARS Helping STARS. STARS like you make a shining difference! If you have questions regarding your payroll deduction election, please call (615) 316-6111.

STARS Helping STARS, Inc. does not provide any goods or services in whole or in partial consideration for any contributions made.

For more information about STARS Helping STARS, visit [www.starshelpingstars.org](http://www.starshelpingstars.org).

*\*STARS Helping STARS, Inc. is currently pending IRS 501(c)(3) status.*

## STARS HELPING STARS, INC.

The Gaylord Entertainment program STARS Helping STARS, Inc. was created BY OUR STARS, FOR OUR STARS to assist those facing unexpected emergency situations. We are so proud of this program because it truly demonstrates our STARS' passion for bringing our Citizenship value to life.

### FREQUENTLY ASKED QUESTIONS

#### How is this program funded?

As its name suggests, STARS Helping STARS is primarily funded by our STARS. Gaylord Entertainment made an initial contribution to get us started, but as a public charity, STARS Helping STARS will rely heavily on your donations to maintain and enhance the fund.

#### How can I donate to the program?

It's easy! Simply fill out the "payroll deduction authorization form" in this brochure and follow its instructions to begin your donations. If you'd rather make a one-time donation, make your check payable to "STARS Helping STARS, Inc." and mail to: **Gaylord Entertainment, Attention: Corporate Accounting, 2806 Opryland Drive, Nashville, TN 37214.**

#### Is this a company-wide program?

Absolutely! ALL STARS are encouraged to donate to the fund, and ALL FULL-TIME and PART-TIME STARS are eligible to apply for funds if an emergency occurs.

#### What constitutes an "emergency"?

Experiencing catastrophic or unexpected hardships that create a devastating situation, such as the care of a family member, abuse, relocation of child(ren), emergency travel and funeral expenses are all examples of "emergencies". Please review the back of this brochure to see a list of eligible events and the required documentation.

#### How do I ask for funds from STARS Helping STARS?

When no other funding is available, you fill out the "Application for Emergency Funds" in this brochure and send it to our Corporate STAR Relations department.

#### Who decides whether or not I receive funds from the program?

The STARS Helping STARS Board of Directors created a review committee of STARS who approve or decline each financial request.

#### How do I qualify?

Regardless of what is determined by the review committee, you will be notified within 3 business days (M-F, 8:00 a.m. –5:00 p.m. CST) upon receipt of your application. Please review the back of this brochure to see a list of eligible events for assistance and the required documentation.

#### Do I have to donate to be eligible to apply for funds?

Absolutely not! In keeping with our Citizenship value, any FULL-TIME or PART-TIME STAR who has experienced a catastrophic or unexpected hardship may apply for emergency funds from STARS Helping STARS.

### APPLICATION FOR EMERGENCY FUNDS

STARS Helping STARS dollars provide short-term assistance to STARS who are experiencing a severe financial crisis due to a catastrophic or unexpected hardship. Please see "Events Eligible for Assistance" on the back of this brochure.

#### General Guidelines:

- ▶ STARS Helping STARS dollars provide emergency, short-term assistance when no other funding is available.
- ▶ STARS Helping STARS dollars range from \$100.00 - \$1,000.00.
- ▶ You must be a full or part-time STAR.
- ▶ You must provide documentation that supports this request.
- ▶ STARS Helping STARS dollars will not duplicate protection through health, disability, automobile or homeowner's insurance plans.
- ▶ You must sign the disclosure below to indicate no other available financial resources.

STAR NAME: \_\_\_\_\_ STAR ID: \_\_\_\_\_

Department: \_\_\_\_\_ Company / Location: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Please select the emergency below that you have just experienced:

Home Catastrophe / Natural Disaster     Care of Family Member     Emergency Travel  
 Transitional Housing Assistance     Relocation of Child(ren)     Funeral Expense

Amount of STARS Helping STARS dollars requested: \$\_\_\_\_\_

If this request is approved, where should the funds be sent?

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please describe the circumstances causing your financial need:

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#### Disclosure Statement:

By signing below, I attest that I have no other financial resources that could reasonably be used to satisfy this responsibility. I also understand that my local HR director will be notified of my application.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Yes, you may use my story in future STARS Helping STARS communications.

No, you may not use my story in future STARS Helping STARS communications.

#### Processing & Payment of Claims:

- ▶ ALL requests for financial assistance are sent to Corporate STAR Relations Department.
- ▶ If this request meets the criteria and funds are available, approved funds will be mailed within 3 business days after receipt of application and paperwork.
- ▶ If this request does not meet the criteria, a letter will be mailed within 3 business days after receipt of application and paperwork.

Attach all required documentation to this SIGNED application and send to:

**Gaylord Entertainment, Attention: Corporate STAR Relations Department, One Gaylord Drive Nashville, Tennessee 37214**