

## **Disaster Relief Guidelines and Claim Procedures**

Below are the established procedures to submit a claim form and receive relief fund disbursements after a natural disaster.

- a) Within 30 days of the damage occurrence, the member must submit a completed claim form to the Territory Community Services Representative.
- b) The claim form submittal must contain the following:
  - date of occurrence
  - own or rent / primary or secondary residence
  - dwelling is habitable or not, (if not, where they are staying)
  - description of damage(s) sustained to the dwelling
  - photos or drawings illustrating the damage(s) to the dwelling
- c) The Territory Community Services Representative, will review the form, ensure it is complete, then submits it to the GVP of the Territory.
- d) The Territory GVP submits the form to the Retirees and Membership Assistance Department.
- e) The Retirees and Membership Assistance department receive and process the claim form, then sends the disaster relief check to the Territory Community Services Representative.
- f) The Territory Community Services Representative presents the check to the member.
- g) The member receiving the check signs the "I AM Assistance Distribution of Funds" form.
- h) The Territory Community Services Representative returns the signed "I AM Assistance distribution of funds" form to the Retirees and Membership Assistance Department.

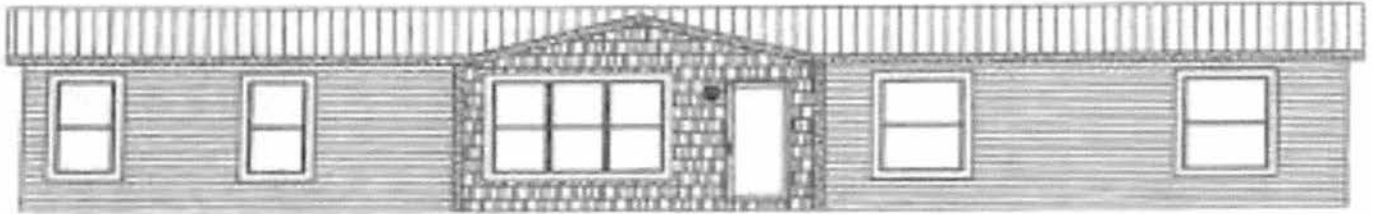
### **NOTES:**

- In adherence to IAM policy, members submitting a disaster relief request must be in good standing.
- IAM Retirees in good standing are eligible to receive benefits within the guidelines.
- Claims must be filed within 30 days of the occurrence.
- Category 1 - 2 disbursements are only payable if the home is owned by and the primary residence of the member.
- Due to limited resources; additional/ secondary homes, vehicle damages, personal items, furniture, etc. and food losses due to power outages are not covered.

Please return unused funds to:

IAMAW  
9000 Machinists Place  
Retirees and Membership Assistance  
Upper Marlboro, MD 20772-2687

If you have any questions or need assistance with these forms, contact your designated Grand Lodge Representative from your Territory.



326442B SHAKE OPTION

**Please attach/ include photos with this page.**

However, if photos are not available or cannot be seen well, please illustrate/describe the affected area(s), waterlines, etc. on the house drawing above.

Please use the space below to provide an explanation and extent of damage(s) sustained.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**Please attach/ include photos with this page.**

However, if photos are not available or cannot be seen well, please illustrate/ describe the affected area(s), waterlines, etc. on the house drawing above.

Please use the space below to provide an explanation and extent of damage(s) sustained.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**Please attach/ include photos with this page.**

However, if photos are not available or cannot be seen well, please illustrate/ describe the affected area(s), waterlines, etc. on the house drawing above.

Please use the space below to provide an explanation and extent of damage(s) sustained.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Southern Territory

Date \_\_\_\_\_

Name \_\_\_\_\_ DL/ LL \_\_\_\_\_ Card # \_\_\_\_\_  
(In good standing? Circle - YES or NO)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Damage \_\_\_\_\_

Employer \_\_\_\_\_ Shift \_\_\_\_\_  
(Work hours)

Address \_\_\_\_\_

Do you own or rent your residence? \_\_\_\_\_ Is this your primary residence? \_\_\_\_\_

Are you staying in the dwelling? \_\_\_\_\_ If not, where are you staying? \_\_\_\_\_

Please describe the structural damage to the dwelling only (do not list damages to vehicles, furnishings, household items, clothes or food losses etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request is verified by IAM Representative:

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

IAMAW GLR, Craig Martin, 690 E. Lamar Blvd., STE 580, Arlington, TX 76011

Cell Phone: 337-287-0698

**NOTE:** IAM Assistance Committee/ Representative, please direct all assistance request(s) through your General Vice President's office.

For IAMAW Headquarters, use only		
Amount _____	Disaster _____	Date _____
Director _____		