

# MSTA Disaster Relief Form/Trooper Assistance

**Badge Number** \_\_\_\_\_

The purpose of the MSTA Disaster Relief Fund is to assist Troopers and their families who have sustained financial loss of essential items that created exceptional need as a result of, natural disasters.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Dependent Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Damaged Residence      Owned or Rented      \_\_\_\_\_

Is this your primary residence? \_\_\_\_\_ if no explain \_\_\_\_\_

\_\_\_\_\_

List and Provide Support of Estimates.

Company Name \_\_\_\_\_

I have attached estimates \_\_\_\_\_

List and Provide Insurance Companies to which claims were made . Provide Support of Insurance payment or rejection of claim.

Name of Company	Policy Number	Amt Paid	Amt Rejected
_____	_____	_____	_____
_____	_____	_____	_____

I have attached proof of insurance payment \_\_\_\_\_

I have attached proof of insurance rejection \_\_\_\_\_

Estimate \_\_\_\_\_

Insurance Payment - \_\_\_\_\_

Ins. Deductible - \_\_\_\_\_ (MSTA will not reimburse insurance deductibles)

Out of Pocket = \_\_\_\_\_

Amount of Assistance Requested \_\_\_\_\_

\*\*At the discretion of the MSTTA Board payment can be made payable to a specific creditor or company. Please list name(s) and address(es) for creditor(s).