

Certification Statement

I hereby certify, to the best of my knowledge, that the information contained in this application is true, correct and complete, and that I am requesting assistance only for amounts that are not reimbursable from insurance or any other sources. I agree to give further proof of the information I have provided on this application if requested to do so.

I understand that the Employee Relief Fund and WestRock maintain reasonable and appropriate administrative, technical and physical safeguards to protect Employee Personal Information from loss, misuse, and unauthorized access, disclosure, alteration and destruction. I consent to the use of my personal information, and that of my minor dependents, by a limited number of authorized people affiliated with the Employee Relief Fund or WestRock, to assess my Grant Application and to process award payments where applicable.

Employee Signature and Date

Please provide the information requested below (print to ensure we can read it):

Name:

Address:

Phone number:

Email address:

Employee ID:

WestRock location:

Please include with your application (Application tab) and send to:

WestRock Employee Relief Fund

Confidential fax: 804.386.0789

Confidential email: employeeerelieffund@westrock.com

7 List all directly related long-term financial costs related to the disaster, such as uninsured/ significant damage to home, lost assets, home contents or other property.

Expense type:

	0
	0
	0
Total	0

8 List any expected insurance payouts or other disaster related payables/grants (eg. state grants, government assistance, etc.) received that can offset the above costs.

Payout expected from:

	0
	0
	0
Total	0

9 Additional comments:

Please fax this form, including the signed certification document, to:

WestRock Employee Relief Fund

Confidential fax: 804.386.0789

Confidential email: employeereleiefund@westrock.com