



CUP Fund Guidelines (U.S.)



In 1999, Starbucks Coffee Company and a group of partners initiated a program that enables partners to help other partners in times of financial need – the Caring Unites Partners Fund. CUP is funded by partner contributions and fund raising activities, and administered by Starbucks.

CUP Fund is a safety net for partners who are experiencing significant immediate hardship because of ***catastrophic circumstances outside their control***. Assistance may include referrals to Starbucks benefit and employee assistance programs or to community resources. Partners with the greatest and most immediate need are considered for financial assistance of up to \$1,000.

OVERVIEW

CUP is a program helping Starbucks partners in times of significant and immediate need. Situations that can result in a partner needing assistance include, but are not limited to, illness or injury, death, natural disaster, or other catastrophic circumstances. All partners are eligible to apply for assistance upon hire. You need not contribute to the Fund in order to request assistance.

Contributions to the Fund

CUP Fund is supported solely by partner contributions and fund raising efforts. You can help ensure the long-term availability of the CUP Fund by contributing to it yourself. Sign up for payroll deduction by filling out a pledge form found in new-hire paperwork and also on Starbucks Online, the Partner Portal and at <http://LifeAt.sbx.com>. You can also send donations to CUP Fund at mail stop S-HR3, in the form of a check made payable to *Starbucks Coffee Company—CUP Fund*. Donations are not tax deductible.

REQUESTING ASSISTANCE

Availability of Other Resources

Before applying for CUP Fund assistance you should use available resources such as:

- the employee assistance program at 1-800-682-0364 (includes legal advice, financial planning, community resources, and counseling services)
- health coverage
- vacation time and sick pay
- disability income benefits (call Starbucks Benefits Center at 877-SBUXBEN to see if you are eligible)
- family or community resources
- other financial resources including a 401(k) loan and sale of stock

Application Process

Each application will be treated with confidentiality and carefully documented and screened. To apply, complete an application form. The application is available on Starbucks Online, the Partner Portal and at <http://LifeAt.sbx.com>. You can also ask your manager or Partner Resources manager for a form.

Once the application is received, the Benefits department will contact you within three business days to obtain additional information required to assess your need. Benefits will also contact your manager to review your current work performance. We may also need to access personal information in partner resources records.

Criteria for Distribution

The CUP Fund is intended to help you when

- a catastrophic circumstance occurs outside your control and
- you have sudden and unexpected financial responsibilities as a result and
- you do not have sufficient resources to meet your responsibilities.

The list below outlines the type of financial needs that may be eligible for assistance. It is intended as a guide and is not intended to be all-inclusive.

- Out-of-pocket health care expenses not subject to a payment plan with your health care provider
- Loss or reduction in your income because you are ill, injured, or are unable to work
- Travel expenses to visit a seriously ill family member* or to attend the funeral of a family member*
- Basic funeral expenses of a family member* when you and your family do not have enough resources including payments from life insurance
- To establish or re-establish a habitable and safe residence when your home is damaged or lost due to natural disaster or unforeseen circumstances
- Loss or reduction in income for the primary wage earner in your household (your spouse/domestic partner or family member) when they are unable to work due to illness, injury, natural disaster or similar catastrophic event (e.g., fire), or when needed to care for an ill family member* and they don't have other financial resources

**Family member is defined as: parent, brother, sister, daughter, son, husband, wife, domestic partner, mother-in-law, father-in-law, son-in-law, daughter-in-law, stepparents, stepchild, grandparent, grandchild.*

Other Considerations

The long-term viability of the Fund is important to partners. Therefore, when assessing your request the Benefits Department will consider:

- measures you took to protect yourself against and/or to minimize your loss
- resources you have explored prior to requesting CUP Fund assistance
- whether assistance will provide ample relief
- alternatives to your request that may be available to assist you with your immediate need

Exclusions

The list below is used as a guide and is not intended to be all-inclusive. Funds from the CUP Fund will not be available for things such as:

- Routine living expenses
- Payment of traffic or other court related fines
- Reduced income due to a variance in your scheduled hours
- Other personal debts such as income tax, child support, credit card debt, tuition, etc.
- Loss of or damage to your personal property that does not impact your safety, housing, and ability to meet your monthly expenses
- Financial assistance that you are not obligated to repay
- Services that you are not obligated to pay for
- Elective services (e.g., cosmetic procedures, fertility treatments)

Questions

Call the CUP Fund at 1-888-796-JAVA, ext. 8CUPS



CUP Fund Application (U.S.)



The first step in requesting financial assistance from the CUP Fund is to read the program guidelines. If you feel your request falls within the guidelines, complete and return this confidential application. Upon receipt, the Benefits Department will request basic human resources information and then follow up with you to gather any additional information necessary. Directions about how to send in this form are at the end of the application.

General Partner Information

Name: _____	Date: _____
Partner number: _____	Cell phone: _____
Store number/department: _____	Home phone: _____
Current address: _____	Work/Store phone: _____
City: _____	Job Position: _____
State: _____ Zip: _____	Most recent hire date: _____
Manager's name: _____	Manager's phone #: _____

Initial Eligibility for CUP Fund consideration

Partners must be in good standing with Starbucks in order to meet initial eligibility requirements for CUP Fund Assistance. Generally speaking, this means that the applicant's current performance must be at a "meets expectation" level or higher. By signing this application, you agree and understand that we may obtain employment information from the following sources in order to consider your application for CUP Fund assistance:

1. Review of your partner/human resources records.
2. Discussion with your manager regarding your current work performance.

If available, please have your current manager complete the following information:
(Not required prior to sending in application)

For applicant's manager use only:

Please select from the below ratings for the above applicant's **current** performance.

- Partner exceeds expectations
- Partner meets expectations
- Partner needs improvement/on an action plan
- Partner has received a corrective action in the last 90 days

Comments: _____

Completed by: _____ Partner #: _____ Position: _____

Signature: _____ Phone Number: _____

Additional Required Information

If your employment status meets initial eligibility guidelines, we will review the information you provide in response to the following questions – including personal information, financial data and details about the specific event that is triggering this request – to make a determination on your CUP Fund application. This information will be kept confidential and will not be used for any purpose other than in conjunction with this application for CUP Fund benefits.

Current Situation

1. Please describe the current situation that is causing a financial need: _____

2. Date of occurrence: _____

*If applying for lost wages, please indicate duration of time away from work. _____

• **REQUIRED:**

Provide supporting documentation when applicable. (Documentation may include, but is not limited to, outstanding medical bills, eviction notice, police report, etc.)

If applying for housing assistance, a rental agreement or written statement from a landlord indicating move in date, deposit required and ongoing monthly rent amount will be required prior to assistance grant.

3. Do you have other resources available to you? (e.g., life insurance, renter’s, auto or homeowner’s insurance, health coverage including Medicaid, and community services, etc.) _____

4. What is the amount you are requesting from the CUP Fund? \$ _____

5. Specifically, how do you plan to use these funds? _____

Financial Information

Please complete the following to the best of your ability so that we can better understand your financial need.

1. Are the funds you are requesting for: *(circle one)*

 Yourself A family member A combination

2. Are you financially responsible for anyone besides yourself?

YES/NO

 If yes, please explain. _____

3. On average, how much do you bring home (after all deductions), from each Starbucks check?

 \$_____ How much do you bring home per week in tips? \$_____

4. Is your Starbucks job your only source of income?

YES/NO

 If not, please detail other sources and income as follows:

 Spouse or domestic partner monthly income: _____

 Other employment/2nd job: (Estimate monthly income): _____

 Child Support or Community Aid: _____

 Any other members of same household with income: _____

5. Do you have a savings account (e.g., at your local bank)? YES/NO

 If so, what's the balance? _____

6. Please detail your regular monthly expenses:

 rent/mortgage: \$ _____ utilities: \$ _____

 car payment: \$ _____ gas: \$ _____

 car insurance: \$ _____ cell phone: \$ _____

 groceries: \$ _____ child care: \$ _____

 other: _____

Other Information

1. How did you find out about the CUP Fund? _____

2. Have you ever applied for CUP Fund assistance before? _____

 If so, when and what was the outcome? _____

 If granted, what was the amount? _____

Acknowledgment

I represent and acknowledge that the above information is true and accurate to the best of my knowledge and has been provided in conjunction with my application for CUP Fund benefits. I understand the CUP Fund Guidelines and I also understand that the allocation of CUP funds is determined by priority of the situation, the availability of funds and the sole discretion of the CUP Fund staff.

Applicant signature

Date

Please send completed form along with related supporting documentation to:
CUP Fund c/o Benefits Department
Starbucks Coffee Company
2401 Utah Ave S, ms S-HR3
Seattle, WA 98134

You may also send it via confidential fax at (206) 318-7812.

The Benefits Department will contact you within three business days of receiving the application for further information. If you have questions, please call 888-796-JAVA, ext. 8CUPS.

For CUP Fund Office Use Only:

Notes: _____

Pended for additional information or supporting documentation:

Date Pended: _____

Income: _____ Requested: _____

Expenses: _____ Grant: _____

Previous Grants: _____ Date: _____

Stock Available: _____ Category: _____