



HII Mission Technologies

Economic Hardship Application for Section 139 Qualified Disaster Relief Plan Grant

The HII Mission Technologies (“HII MT”) Section 139 Disaster Relief Plan (the “Plan”) provides financial assistance grants to current full-time employees (other than part-time employees, temporary employees, contractors, and interns) (“Grant Recipients”) who are in need of assistance due to a qualifying disaster. To qualify, Grant Recipients must (1) have been employed by HII on the date on which the federal government declared a qualifying disaster and worked at least one shift prior to such date; (2) have a primary residence in an area covered by a FEMA disaster declaration; (3) incur qualifying expenses as set forth in the Plan and applicable addendum; and (4) not anticipate that such expenses will be reimbursed by insurance or otherwise at the time of application. Applications for financial assistance are processed on a first-come, first-served basis. It is possible that not all qualifying applicants will receive a grant.

Instructions

Please complete this application and submit it to DisasterRelief@hii-tsd.com. Applications may be submitted for no more than the period specified in the applicable Plan addendum. To the extent permitted in the applicable Plan addendum, Grant Recipients may reapply for additional assistance if the need for financial assistance continues. By submitting an application for assistance, the applicant attests that they anticipate incurring expenses of the type permitted under the Plan and applicable Plan addendum in an amount not less than the amount requested and that the applicant does not anticipate that such expenses will be reimbursed by insurance or otherwise.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Preferred Contact: Email Phone

Has a federal disaster been declared with respect to the location of your primary residence? Yes No

Are you seeking financial support for qualified lodging expenses? Yes No

If yes, is your primary residence currently uninhabitable? Yes No

Provide the address for your temporary housing location, if applicable:

Address: _____

City: _____ State: _____ Zip: _____

Provide the start and end dates applicable to your temporary housing arrangement; provide estimate if actual end date is unknown:

Temporary Housing Start Date: _____

Temporary Housing End Date: _____

Are you seeking financial support for your/your family's qualified meal expenses? Yes No

Provide the start and end dates applicable to your need for assistance with meal expenses; provide estimate if actual end date is unknown:

Meal Assistance Start Date: _____

Meal Assistance End Date: _____

Please provide the information for your immediate family members (legal dependents) in your primary residence affected by Disaster for whom you are seeking financial support:

Family Member Name	Relationship to Employee	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested Lump Sum Grant Amount: \$ _____ (\$10,000 max per employee-family unit, including per diem requests)

I certify that the information provided on this application is complete and accurate. I understand that I will not be considered for a section 139 qualified disaster relief grant and that I may be disciplined if my application contains misleading information or if the grant money is used for unauthorized purposes. I further understand that HII has full and final discretion regarding whether to approve any application.

Signature of Applicant

Date