

KIKIKTAGRUK INUPIAT CORPORATION
MEDICAL EMERGENCY ASSISTANCE REQUEST FORM

Kikiktagruk Inupiat Corporation (KIC) has a program that provides assistance to shareholders and eligible family members in life threatening emergency situations. In order to be considered for assistance, provide the following information:

Name of Patient: _____ Number of shares: _____

Requested by: _____

- The patient is a:
- KIC Shareholder
 - KIC Shareholder's Lineal or Direct Descendant
 - KIC Shareholder's Legal Spouse

Only those emergency medical situations that are imminently life threatening meet the criteria for emergency medical assistance. Scheduled follow-up appointments or ongoing care related to existing medical conditions do not qualify for this assistance program. Please state below how this request is an emergency:

This program adopted by the KIC board states that requests must be related to an imminently life threatening situation. Please state below how this request meets this criteria:

Documentation from the attending physician must be submitted to KIC with this completed form

Name of attending physician: _____ Contact Phone # _____

Medical facility: _____

Address of medical facility: _____

Make check payable to: _____

Payee Address: _____

Contact Phone Number: _____

Donation Approved: Y N Amount approved \$ _____

Signature: _____ Date: ____/____/____