

POLICY TYPE: MEMBER

POLICY TITLE: DUES RELIEF

POLICY STATEMENT

The AAO is mindful that in life, circumstances may arise that cause hardship on a member and may affect either their ability to earn an income or strain their finances. In either situation, it may inhibit their ability to pay AAO dues. These circumstances may vary and thus the remedy to assist a member through such hardship will also require flexibility.

POLICY

In recognition of those AAO members who encounter financial hardship, illness or are temporarily inactive and require dues relief, the AAO has set a policy to assist during those difficult times. A member who is:

- A) facing financial hardship due to circumstances such as bankruptcy, financial collapse, or other specific fiscal considerations;
- B) not working due to physical or mental health issues and who have been unable to work for at least two (2) months;
- C) attending a full-time post-graduate university program at an accredited school of optometry; or
- D) experiencing other circumstances which, in the opinion of staff and/or council, merit dues relief.

Doctors may apply to have their annual dues rebated or dues payments for the year restructured. For example:

- A) When dues are paid in full at the beginning of the year and illness takes place, on a pro-rated basis of one twelfth of the full or part-time membership fee for each month of the sickness taken will be credited against the following year's dues.

To qualify for a rebate, the practitioner must be able to provide proof that they did not engage in the practice of optometry during the period in question.

- B) When dues are not paid in full or a second payment is due and a financial hardship incident occurs, a payment schedule can be arranged that allows the member to continue with the AAO and not jeopardize their ability to access benefits and services.

Relief requests are strictly limited to two consecutive years unless extenuating circumstances exist. Dues payable to the CAO will be accommodated in the same manner.

PROCEDURE

The member is responsible for informing the AAO Member Services Coordinator of their request for dues relief. The member will complete the application for dues relief, which is an affidavit confirming the length of time away from practice per year or the financial hardship encountered.

When dues are paid in full at the beginning of the year and the dues relief is granted, a pro-rated rebate based on the length of time away from practice is calculated and applied to the upcoming/following year's dues. See Example 1 below.

If the dues relief is required over two calendar years, two separate applications will be required. If granted, a pro-rated rebate will be applied. The first pro-rated rebate is applied to the dues in the calendar year following the initial dues relief application. A second pro-rated rebate will be applied to the subsequent year of dues when application has once again been made, if approved. See Example 2 below.

If dues relief is required because undue financial hardship has been encountered by a member, a payment structure outside of the AAO's standard two payments a year can be reached. See Example 3 below.

Upon granting dues relief, the detail of the type of financial relief granted to the member is placed in the member's file for future reference.

If members are not satisfied with the outcomes after an operational review, they have an ability to appeal to the AAO Council.

EXAMPLES

To ensure members are aware of how the dues are calculated, the following examples are provided:

Example 1: Dues relief in the previous calendar year, March to July (5 months).

A member is injured in an auto accident and unable to work for several months. The application for dues relief is completed to confirm leave from practice for March to July of 2020. A rebate, pro-rated based on the member's previous calendar year's (2020) dues, is calculated and applied to the upcoming calendar year's (2021) dues. Thus, 5/12 of the 2020 dues would be applied against the 2021 dues.

Example 2: Dues relief occurs over two calendar years, October 2020 to March 2021 (6 months).

The application for dues relief is completed to reflect leave from practice for October to December 2020 (3 months) due to an operation and recovery time. A rebate, pro-rated based

on the dues the member paid in the previous calendar year (2020), is calculated and applied to the upcoming calendar year dues (2021). Thus, 3/12 of 2020 dues would be applied against the 2021 dues.

The following December (2021) a second application for dues relief is completed and approved for the practice period of January to March of 2021 (3 months). A rebate, pro-rated based on the previous calendar year dues paid, is calculated and applied to the following calendar year dues. Thus, 3/12 of the 2021 dues would be applied against the 2022 dues.

Example 3: Dues relief required due to financial hardship in one year

The applicant for dues relief has encountered financial difficulty as their practice has suffered fire damage in May and the clinic will be under renovations for four months. They will be making a second dues payment at the end of June. Although the member is not able to draw income from their main practice during renovations, they are working part time at other locations for four months. Upon review, dues payments for the second half of the year are arranged on a monthly basis to ease the financial burden.

Approved:	February 17, 2020
Revised:	
Note:	
Monitor Date:	This policy shall be reviewed every year by Council.
Monitoring	

Application for Dues Relief

Section 1: Personal Information	
Name: _____	Phone#: _____
Home Address: _____	
Section 2: Reason for the Dues Relief Application	
(Please describe why you are applying for dues relief and type of relief being sought)	
(Effective Date)	(Date of Return)
Section 3: Practice Information – (Please attach additional sheet if necessary)	
<u>Primary Practice</u> Name: _____ Phone#: _____ Address: _____ <u>Satellite #1</u> Name: _____ Phone#: _____ Address: _____ <u>Satellite #2</u> Name: _____ Phone#: _____ Address: _____ <u>Satellite #3</u> Name: _____ Phone#: _____ Address: _____	

Section 5: Leave Information

Total Months of Leave: _____

I, _____, hereby declare that I did not engage in the practice of optometry from the dates of _____ to _____ due to the issues stated in Section 2 and request pro-rated reimbursement for the number of months stated above. I understand that the practices listed above may be contacted for confirmation of my absence and that this Dues Relief request may be revoked, at the discretion of the AAO Council, if the information provided herein is found to be inaccurate.

Or

I, _____, am requesting dues relief as specified in Section 2 above.

Signed: _____

Date: _____

Approved: _____ Date: _____