

Financial Relief Fund Application Extension

Modern Woodmen of America
1701 1st Avenue
Rock Island, Illinois 61201
309-558-3077 or 1-800-447-9811
www.modernwoodmen.org



Modern Woodmen of America members who suffer a financial hardship and find it difficult to keep their life insurance in force may qualify to have their premium payments covered for three months. Requests for this program are granted based on need and the inability to pay premiums. The Financial Relief Fund is not a contractual benefit and is subject to change.

Instructions:

1. Complete this Financial Relief extension form in its entirety. Incomplete forms will be returned.
2. Include the required documents to prove financial hardship *has continued since Financial Relief was granted*.
3. Certify that information included in this form is true and accurate.
4. Email or mail the form and required documents to Modern Woodmen of America at the address listed above.

Eligibility Requirements

1. The member must have a life insurance certificate in good standing that is in jeopardy of lapsing within three months to be eligible.
2. A member can only receive Financial Relief twice in a five-year period.
3. If approved, Modern Woodmen will apply Financial Relief to all certificates owned by the member and/or by the member's spouse. The certificate(s) must have a premium due within the next three months. The member or spouse must also be the payer of the certificate(s).
4. The benefit application and any documentation must be received in our office within 12 months of the date of the fire/natural disaster, accident, illness, or injury. Requests for Financial Relief are reviewed within 30 days of receipt. Members will be notified by mail whether the application has been approved.

Personal Information:

First Name	Middle Name	Last Name		
Address	City	State	Phone Number	Email Address

Spouse's Information:

First Name	Middle Name	Last Name
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Please list the certificate numbers for the life insurance you and/or your spouse own.

_____	_____
_____	_____
_____	_____

Please provide a brief summary of the incident or situation.

Explanation of Financial Hardship

Have you incurred additional costs since Financial Relief was granted the first time? Yes No

Have you experienced additional loss of income since Financial Relief was granted the first time? Yes No

If yes, please explain.

Certification of Financial Relief Application

I attest that the information provided on this Financial Relief Fund Application is correct to the best of my knowledge.

Signature of Applicant

Date

Preferred Documentation

Members are required to submit only one receipt but may submit more than one. Credit card statements will not be accepted as proof of expenses. Additional documentation may be required at the time the application is reviewed.

Type of Hardship	Accident, Illness, or Injury	Fire/Natural Disaster
Direct Expenses	<ul style="list-style-type: none">Healthcare Statement of Account (also called a billing statement) for the illness or injury.Receipt for medical services received.Receipt for prescriptions. <p><i>To protect your privacy, do not send documentation containing medical diagnosis and/or detailed personal information about your medical condition.</i></p>	<ul style="list-style-type: none">Receipts for out-of-pocket expenses associated with the property damage.Proof of Loss form or Statement of Loss form from insurance provider and estimated out-of-pocket expenses.
Loss of Income	Letter from employer stating relevant dates, amount of lost income, and the reason the individual was unable to work or experienced the loss in income. Copies of pay stubs showing "normal" pay and those showing the reduction in income.	
Other Major Expenses Incurred	<ul style="list-style-type: none">Itemized receipts for expenses, such as expenses associated with traveling for treatment.	<ul style="list-style-type: none">Itemized receipts for expenses, such as hotel stays or other temporary housing.