

Financial Relief Fund Application

Modern Woodmen of America
1701 1st Avenue, Rock Island, IL 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 form in its entirety. Incomplete forms will be returned.
2. Include the required documents to prove financial hardship.
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.

I am applying for Financial Relief because I have experienced significant financial hardship and am unable to pay my life insurance premiums due to:

Accident, illness, or medical emergency

Natural Disaster or fire at primary residence

Date(s) of accident, illness, medical emergency, fire or natural disaster? _____

Personal Information:

First Name Middle Name Last Name

Address City State Phone Number Email Address

Spouse's Information:

First Name Middle Name Last Name

Are you a government employee? Yes No

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.

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Explanation of Financial Hardship

1. Have you incurred **out-of-pocket expenses** directly related to the medical issue or natural disaster/fire, and beyond your insurance deductible?
Yes No
2. Are these costs beyond your medical, home, or other insurance deductible? Yes No
3. Have you experienced loss of income due to the situation? Yes No
4. Which type of proof are you including with your application? (*See examples of acceptable documentation below.*)
 Out-of-pocket expenses Loss of income Other Major Expenses Incurred

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

Definitions

1. A financial hardship exists when the total amount of out-of-pocket expenses are so catastrophic to the member that he/she is forced to make difficult choices between paying life insurance premiums and providing basic necessities (e.g., food and shelter).
2. Modern Woodmen will only consider expenses **not** paid by health, home, or other insurance.
3. The following are not eligible for Financial Relief: Routine medical and dental exams and elective procedures.
4. A natural disaster is a natural event such as a flood, earthquake or hurricane that causes great damage or loss of life.
5. Fires are limited to structural fires to the primary residence of the member who is requesting Financial Relief.
6. The primary residence means the residence in which the member lives most of the time, as distinct from a second home or an investment property. It is the official address of record for the member who is requesting Financial Relief.

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.