

Fraternal Aid Fund Application

Modern Woodmen of America
1701 1st Avenue
Rock Island, Illinois 61201
1.800.322.9805
Fraternal@modern-woodmen.org



Illness/Injury

I am applying for Fraternal Aid because I have experienced significant financial hardship due to an illness or injury and am unable to pay my life insurance premiums. Yes No

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.

_____	_____
_____	_____
_____	_____

Explanation of Accident or Illness

Date of Diagnosis or Injury:

Please describe the recent illness or injury.

Explanation of Financial Hardship

Have you incurred costs associated with the recent illness or injury? Yes No

Out-of-pocket expenses above and beyond the health insurance deductible: \$ _____

Have you experienced loss of income due to the accident or illness? Yes No \$ _____

If yes, please explain.

Certification of Fraternal Aid Application

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

Signature of Applicant Date

Return the completed application and supporting documents to Modern Woodmen at the above email or address. Requests for Fraternal Aid are reviewed within 30 days of receipt. Members will be notified by mail whether or not the application has been approved.

The Fraternal Aid Fund is not a contractual benefit and is subject to change.



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FRATERNAL FINANCIAL 

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Fraternal Aid Fund requests are granted on the basis of need and the inability to pay life insurance premiums.

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 Fraternal Aid twice in a five-year period.
3. If approved, Modern Woodmen will apply Fraternal Aid 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.
4. The benefit application, along with the required documents listed below, must be received in the Home Office within 12 months of the date of the illness or injury.

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 insurance.
3. The following are not eligible for Fraternal Aid: Routine medical and dental exams and elective procedures.

Instructions:

1. Complete this Fraternal Aid form in its entirety. Incomplete forms will be returned.
2. Include the required documents to prove financial hardship.

Type of Financial Hardship	Required Documents
Medical Expenses due to Illness or Injury	<ul style="list-style-type: none">• Healthcare Statement of Account (also called a billing statement or invoice) for the illness or injury, or• Payment receipt for medical services received. <p>To protect your privacy, do not send documentation containing medical diagnosis and/or detailed personal information about your medical condition.</p>
Loss of Income due to Illness or Injury	<ul style="list-style-type: none">• Letter from employer stating dates, amount of lost income and reason the individual was unable to work.
Other Major Expenses Incurred Because of Illness or Injury	<ul style="list-style-type: none">• Itemized receipts for the expenses.* Credit card statements will not be accepted as proof of expenses. <p>* Additional documentation may be required at the time the application is reviewed.</p>

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.