



Newborn Benefit Application Instructions

Benefit

WoodmenLife will pay a one-time member benefit of \$10,000, subject to conditions and limitations stated below, to the parents of an infant who dies between the age of 48 hours and 6 months.

Conditions and Limitations

1. Anyone living in the household at the time of benefit application must be a WoodmenLife member in good-standing. Good-standing member means a member who has made all payments and/or paid applicable dues, according to the terms of the certificate.
2. Persons living in the household of the applicant who are not WoodmenLife members in good-standing must have applied for a WoodmenLife certificate and been denied or table rated 4 or higher, or White or Red in Independence Series certificates.
3. The mother must have been a member in good standing for at least one year at the time of the infant's birth.
4. Application must be received in the Home Office within a year of the infant's death.
5. This benefit is available for all natural or legally adopted infants between the ages of 48 hours and 6 months.
6. If father signed birth certificate, he must be a WoodmenLife member in good-standing at the time of the child's birth.

Directions for Completion of Form

1. This form must be completed and mailed or faxed, with a copy of the birth certificate and death certificate to:
WoodmenLife
Attn: Fraternal Outreach
1700 Farnam St.
Omaha, NE 68102-2025
Fax 402-449-7733

If a life insurance certificate has been issued for the infant, a separate application for the death benefit proceeds of that certificate must be made to the Life Claims Department.

2. The member applying for the benefit must sign this form.
3. If a WoodmenLife Representative assisted in completing this form, he/she should sign where indicated.

With questions about the Newborn Benefit, please contact your WoodmenLife Representative or a Fraternal Benefits Specialist at 1-402-271-7233.

Fraternal benefits are not contractual, are subject to change and have specific eligibility requirements.



For Home Office Use Only
Date _____
Check # _____
Amount of Member Benefit Paid
\$ _____

Newborn Benefit Application

Section A To be completed by Parent(s) of the Newborn

Newborn's Name _____ Date of Birth _____ Gender _____

Mother's Information

Name _____ Certificate # _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Father's Information

Name _____ Certificate # _____ Phone _____

Address _____ City _____ State _____ ZIP _____

All other persons living in the household

First Name	Middle Initial	Last Name	Date of Birth	WoodmenLife Certificate Number

Section A To be completed by Parent(s)

I certify the above information is true and accurate to the best of my knowledge.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Section B To be completed by WoodmenLife Representative

Representative's Signature _____ Date _____

ID Code _____ Please mail check to Representative for delivery.