



Natural Disaster Benefit Application Instructions

Benefit

WoodmenLife will pay a member benefit, subject to the limitations stated below, based on the estimated cost to repair or reconstruct, with material of like kind and quality, the primary residence of a good-standing member. Said damage must be \$10,000 or more, with the benefit being 2% of said damage. The minimum benefit is \$200 and the maximum \$1,000. Natural disasters include hurricanes, tornadoes, wild/forest fires, earthquakes, and floods.

Conditions and Limitations

1. Limit of one benefit per primary residence per year, regardless of the number of good-standing members residing at the residence, within the limits stated above. WoodmenLife will determine household occupants of the residence by the mailing address for premium payments as of the date of loss. Must be a member in good standing for at least one year.
2. Covered damage is damage to the primary residence, and excludes other structures such as, but not limited to, out buildings, sheds, and fences. Garages must be attached to the home to be covered.
3. WoodmenLife will have sole discretion in determining the payee of the member benefit.
4. Benefit application, along with required estimate of damage or loss, must be received in the Home Office within one year of the date of loss.

Definitions

1. Good-standing member means a member who has made all payments and/or applicable dues according to the terms of the certificate as of the date of loss.
2. Primary residence means the residence in which the good-standing 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 good-standing member.
3. If total costs to repair or reconstruct the primary residence of the member are less than \$10,000, a member benefit will not be paid.

Directions for Completion of Form

1. This form must be completed and all supporting documents mailed or faxed to:
WoodmenLife
Attn: Fraternal Outreach
1700 Farnam St.
Omaha, NE 68102-2025
Fax: 1-402-449-7733
2. A copy of the homeowner's insurance adjustors form or equivalent must be included establishing the total repair cost.
3. The member applying for this benefit must sign this form.
4. If a WoodmenLife Representative assisted in completing this form, he/she should sign where indicated.

With questions about the Natural Disaster 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	
Amount \$	_____
Date	_____
Memb Date	_____
Check #	_____
Amount of Member Benefit Paid	

Natural Disaster Benefit Application

Section A: Member Information (one claim per residence)

Member's Name _____ Certificate Number _____

Phone _____

Primary residence requiring repair or reconstruction

Address _____ City _____ State _____ ZIP _____

Current / temporary mailing address:

Address _____ City _____ State _____ ZIP _____

Section B: Description of Loss

Type of Natural Disaster _____ Date of loss _____

Description of Loss _____

The damage sustained to the primary residence is \$ _____. The damage is a direct result of the qualifying disaster. (Attach a copy of the homeowner's insurance adjuster's form or an equivalent document establishing the total cost to repair or reconstruct the primary address.)

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

Member's Signature _____ Date _____

Section C: To be completed by WoodmenLife Representative

Representative's Signature _____ Date _____

ID Code _____ Please mail check to Representative for delivery.

List individuals who occupied the primary residence on the date of loss

Name	Date of Birth	Certificate Number	Relationship

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