



Orphan's Care Benefit Application Instructions

Benefit

WoodmenLife will pay a monthly customer benefit, subject to conditions and limitations stated below, to assist with the care of an orphaned child of a customer: \$12,000 per child, per year for orphaned children.

Conditions and Limitations

1. Anyone living in the household at the time of death of parents/guardians must be a WoodmenLife customer in good standing. Good-standing customer means a customer who has made all payments and/or applicable dues, according to the terms of the certificate.
2. Persons living in the household of the applicant who are not WoodmenLife customers 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. Orphan children who are not WoodmenLife customers and less than 12 months old from the date of death of the last surviving parent may be eligible to receive this benefit.
4. Orphan children aged 0 to 18 may be eligible for this benefit. If the orphan child remains enrolled full time in a post-high school education program, the benefit will pay up to age 22.
5. The legal or adoptive parents of the orphan applicant must have been WoodmenLife customers in good standing for at least one year prior to the date of death.
6. The child must have become orphaned prior to his/her 18th birthday, and application must be made within one year of the eligibility date.
7. Payments will commence the first day of the month following approval of application for this benefit.
8. If an orphan receiving benefits under the program marries or joins the military, he/she will no longer continue to receive this benefit.
9. WoodmenLife reserves the right to make payments to the eligible child or to a relative, guardian or friend responsible for the child's care for the use and benefit of such eligible child. The eligibility of an applicant shall be determined solely by WoodmenLife.

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(s), to:
WoodmenLife
Attn: Fraternal Outreach
1700 Farnam St.
Omaha, NE 68102-2025
Fax: 1-402-449-7733
2. The guardian applying for this 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 Orphan's Care Benefit, please contact your WoodmenLife Representative or a Customer Benefits Specialist at 1-402-661-8322.

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



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

Orphan's Care Benefit Application

Section A Orphan Information

Orphan's Name _____ Date of Birth _____ Certificate Number _____

Mother's Name _____ Certificate Number _____ Date of Death _____

Representative Signature _____ Certificate Number _____ Date of Death _____

All other persons living in the household

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

Section B Guardian Information

Name of Guardian _____ Relationship _____
 (with whom the orphan will live)

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Note Form 8026 "Authorization Agreement for Automatic Deposits" **MUST** be fully completed and submitted before the first benefit can be paid.

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

Guardian's Signature _____ Date _____

Section C To be completed by WoodmenLife Representative

Representative's Signature _____ Date _____

ID Code _____

Note The following documents must be submitted with application:

1. The child's birth certificate
2. The parent's death certificate

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