



First Responders Benefit Application Instructions

Benefit

WoodmenLife will pay a \$25,000 customer benefit if a good-standing customer is killed while performing his/her duties as a nonmilitary first responder. First responders may include firefighters, EMT/paramedics, police or a person performing a supporting role to such individuals. Other conditions may also apply.

Conditions and Limitations

1. Must be a good-standing customer of WoodmenLife on the date of death.
2. Customer must be an officially registered non-military first responder. First responders include firefighters, EMT/paramedics, police or a person performing a supporting role to such individuals.
3. Notification must be received in the Home Office within one year of the date of death.
4. The benefit will be paid if the customer dies or sustains injuries that result in death while in the performance of his or her duties, or as a result of an accident, while responding to or returning from an emergency. A customer who dies from a heart attack or stroke following a non-routine stressful or strenuous physical emergency activity is in the performance of his or her duties if death occurs no later than 24 hours after the activity.
5. The benefit is available to be paid to the family of a good-standing customer who dies while performing his/her duties.
6. WoodmenLife must receive satisfactory proof of death. Documents required include:
 - a. report prepared by law enforcement officials
 - b. documentation establishing that the deceased was an officially registered first responder
 - c. death certificate
7. WoodmenLife will pay a \$25,000 benefit to the family of the deceased. If there is no spouse, child, sibling, relative, or anyone else responsible for paying expenses, the benefit may not be paid.

Definitions

1. Good-standing customer is a customer who has made all the premium payments and/or paid applicable dues according to the terms of the certificate as of the date of death.
2. A person performing a "supporting role" to the first responder must be an officially registered member of a fire department, rescue unit, police department, etc. in order to qualify. Supporting roles include trainees, explorers, dispatchers, office personnel, search and rescue teams, etc.

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. The customer 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 First Responder 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: _____
Memb Date: _____
Check # _____
Amount of Member Benefit Paid _____

First Responders Benefit Application

Section A: Customer Information

Customer's Name _____ Certificate / Client ID _____

Date of Death _____

This claim form must be accompanied by due proof of death, including but not limited to, a death certificate, detailed account of the incident and a report of the death prepared by law enforcement officials. Also include documentation establishing that the customer was an officially registered member of a fire department, rescue unit, police department, etc.

Section B: Claimant's Information

Name _____

Relationship to deceased _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____

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

Signature of Claimant _____ Date _____

Section C: To be completed by WoodmenLife Representative

Representative's Signature _____ Date _____

ID Code _____ Please mail check to Representative for delivery.

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