



## First Responders Benefit Application Instructions

### Benefit

WoodmenLife will pay a \$25,000 member benefit if a good-standing member 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 member of WoodmenLife on the date of death.
2. Member 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. Application must be received in the Home Office within one year of the date of death.
4. The benefit will be paid if the member 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 member 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 member 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 member is a member 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 claimant 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 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 _____

## First Responders Benefit Application

### Section A: Member Information

Member'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 member 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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