



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 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 infants death.
5. This benefit is available for all natural or legally adopted infants between the ages of 48 hours and 6 months.
6. If a father signed the 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, emailed or faxed, with a copy of the birth certificate and death certificate to:

Mail:

WoodmenLife
Attn: Member Benefits
1700 Farnam St.
Omaha, NE 68102-2009

Email: fraternal_outreach_mailbox@woodmen.org

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 needs to sign where indicated.

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

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



Newborn Benefit Application

For Home Office Use Only	Date _____	Check # _____	Amount of Member Benefit Paid \$ _____
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Section A *to be completed by parents or guardians.*

Newborn's Name: _____ Date of Birth: _____ Gender: _____

Mother's Information

City: _____ Certificate #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Information

City: _____ Certificate #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

List all other persons living in the household

First Name	M.I.	Last Name	Date of Birth	WoodmenLife Certificate #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.