



## Orphan's Care Benefit Application Instructions

### Benefit

WoodmenLife will pay a monthly member benefit, subject to conditions and limitations stated below, to assist with the care of an orphaned child of a member: \$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 member in good standing. Good-standing member means a member 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 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. Orphan children who are not WoodmenLife members and less than 12 months old from the date of death of the last surviving parent may be eligible to receive this benefit.
4. Per condition#3, If child is deemed eligible, the guardian will have 12 months from the date of last surviving parents death to get child a WoodmenLife certificate.
5. 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.
6. The legal or adoptive parents of the orphan applicant must have been WoodmenLife members in good standing for at least one year prior to the date of death.
7. The child must have become orphaned prior to his/her 18<sup>th</sup> birthday, and application must be made within one year of the eligibility date.
8. Payments will commence the first day of the month following approval of application for this benefit.
9. Orphan must remain a WoodmenLife member in good standing for the duration of benefit. Good standing member means a member who has made all payments and/or paid applicable dues, according to the terms of the certificate.
10. If an orphan receiving benefits under the program marries or joins the military, he/she will no longer continue to receive this benefit.
11. 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, faxed or emailed, with a copy of the parent's death certificates, child's birth certificate, guardian documents and form 8026 "Authorization Agreement for Automatic Deposits."  
WoodmenLife  
Attn: Fraternal Outreach  
1700 Farnam St.  
Omaha, NE 68102-2009  
Fax: 1-402-449-7733  
Email: Fraternal\_Outreach\_Mailbox.org
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 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 _____
Check # _____
Amount of Member Benefit Paid

# Orphan's Care Benefit Application

## Section A Orphan Information

Orphan's Name _____	Certificate Number _____	Date of Birth _____
Mother's Name _____	Certificate Number _____	Date of Death _____
Father's Name _____	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 _____
Address _____	City _____ State _____ ZIP _____
Home Phone _____	Cell Phone _____

All other persons living in the household

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

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 Name _____	ID Code _____
Representative's Signature _____	Date _____

**Note** The following documents must be submitted with application:

1. The child's birth certificate
2. The parent's death certificate
3. Form 8026 "Authorization Agreement for Automatic Deposits"
4. Copy of Guardianship Documents

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