



Natural Disaster Benefit Application Instructions

Benefit

WoodmenLife will pay a member benefit, subject to the conditions and limitations stated below, based on the estimated cost to repair or reconstruct, with material of like kind and quality, the primary residence of a good-standing member damaged by a natural disaster. The estimated cost to repair or reconstruct must total \$10,000 or more, with the benefit being 2% of the damage total. The minimum benefit for \$10,000 damage is \$200 and the maximum benefit for \$50,000 or more in damage is \$1,000.

Conditions and Limitations

1. Each primary residence, regardless of the number of good-standing members residing at the residence, shall be limited to one benefit per calendar year and in no event shall a primary residence receive more than one benefit arising out of the same natural disaster. No member shall be the beneficiary of the benefit, directly or indirectly, more than one time in any calendar year. WoodmenLife will determine household occupants of the residence based on the occupant-member's mailing address on file with WoodmenLife as of the date of loss.
2. In order to be eligible for the benefit, a member must be in good standing for at least one year prior to the date of loss caused by the natural disaster.
3. The benefit applies to damage to the primary residence and other structures such as sheds, fences and detached garages, located on the property of the primary residence.
4. The benefit application and documentation supporting the estimated cost of repair, must be received in the Home Office within one year of the date of loss caused by the natural disaster.
5. WoodmenLife has sole discretion to construe and interpret the conditions, limitations and definitions set forth herein, including determining the payee of the benefit.

If total costs to repair or reconstruct the primary residence of the member are less than \$10,000 a benefit will not be paid.

Definitions

1. Good-standing member means a member who has made all payments according to the terms of the benefit certificate.
2. Primary residence means a residence owned and occupied by the good-standing member and in which the good-standing member resides or intends to reside the majority of the time. The member's mailing address on file with WoodmenLife as of the date of loss is presumed to be the address of the primary residence.
3. Natural disaster means an event in nature that causes great damage and includes hurricanes, tornados, wild/forest fires, earthquakes, and floods.

Directions for Completion of Form

1. This form must be completed and all supporting documents mailed, faxed or emailed to:
WoodmenLife
Attn: Fraternal Outreach
1700 Farnam St.
Omaha, NE 68102-2009
Email: MemberExtrasCommunication@woodmenlife.org
Fax: 1-402-449-7733
2. A copy of the homeowner's insurance adjusters form or equivalent must be included establishing the total repair cost.
3. The member applying for this benefit must sign this form.
4. If a WoodmenLife Representative assisted in completing this form, he/she should sign where indicated.

With questions about the Natural Disaster 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.

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For Home Office Use Only	Member Date	Dues Date	Amount \$	Amount of Member Benefit Paid
_____	_____	_____	_____	_____

Section A: Member Information (one claim per residence)

Member's Name: _____ Certificate Number: _____

Phone: _____

Primary residence requiring repair or reconstruction

Address: _____

City: _____ State: _____ ZIP: _____

Current / temporary mailing address

Address: _____

City: _____ State: _____ ZIP: _____

Section B: Description of Loss

Type of Natural Disaster: _____ Date of Loss: _____

Description of Loss: _____

The damage sustained to the primary residence is: \$_____. The damage is a direct result of the qualifying disaster.

(Attach a copy of the homeowner's insurance adjuster's form or an equivalent document establishing the total cost to repair or reconstruct the primary address.)

How did you hear about this benefit? Social Media Sale Representative Community Outreach Advisor
 Poster Magazine Other _____

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

Member's Signature: _____ Date: _____

Section C: Description of Loss

Representative's Signature: _____ Date: _____

ID Code: _____ Please mail check to Representative for delivery

List individuals who occupied the primary residence on the date of loss

Name	Date of Birth	Certificate Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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