

Western Fraternal Life

1900 First Avenue NE, Cedar Rapids, IA 52402

877-935-2467 • 319-363-2653

wflains@wflains.org • www.wflains.org

Home Office use:

Cert. _____

ORD _____

Family Benefit Application*

The Western Fraternal Life Association Family Benefit was initiated to assist members to help cover the costs associated with senior care, child care, respite care, out of pocket medical expenses, or extracurricular activities. Up to five \$1,000 Family Benefits will be awarded each August. Applicants must be members in good standing for two years prior to the application and remain a member in good standing to receive the award. Applications will be accepted between May 1 and July 1 each year. Awards will be based on the essay below. All applications will be considered, and an independent third party will select the winners. Members may apply for this benefit each year.

Please Print

Member's Name _____

Address _____

Street or PO Box

City

State

Zip

Daytime Phone (_____) _____ E-mail: _____

Please submit the following essay (may be written below and continued on the back or attached on a separate sheet of paper):

Write in 150 words or less, how this benefit will help your family?

Application must be received by **July 1**

Mail To: Western Fraternal Life, 1900 First Avenue NE, Cedar Rapids, IA 52402

* This is a non-contractual benefit, subject to change by the Board of Directors.