

Fraternal Aid Fund Questionnaire – Health/Accident

Modern Woodmen of America
1701 1st Avenue
Rock Island, Illinois 61201
1.800.447.9811
www.modern-woodmen.org



(CONFIDENTIAL)

Name. (Print in full)		Camp No.	Location
P.O. address.		Certificate No(s):	
Marital status and sex.	Male <input type="checkbox"/>	Single <input type="checkbox"/>	Reason aid is being requested. Furnish complete details of illness/accident.
	Female <input type="checkbox"/>	Married <input type="checkbox"/>	
		Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	
Spouse.	Name		
	Street		
	City, State and Zip Code		
Children Living at Home. No. _____	Names	Age	
<i>(FOR ADDITIONAL SPACE USE REVERSE SIDE)</i>			

(PLEASE ANSWER THE FOLLOWING QUESTIONS)

1. Have you ever received Fraternal Aid from Modern Woodmen of America?	YES <input type="checkbox"/>	Date(s):	NO <input type="checkbox"/>
2. If illness or accident is shown as reason that aid is requested, please show date illness began or accident date.	Date:		
3. Do you have medical insurance coverage for the expenses from the illness/accident? If YES, provide complete details including total "out of pocket" expenses. If NO, indicate total expenses.	YES <input type="checkbox"/>	Details:	
	NO <input type="checkbox"/>	Out of Pocket Expenses: \$	
4. What is your usual occupation? State employer's name when working.			
5. Have you experienced loss of income due to illness/accident?	YES <input type="checkbox"/>	State Amount: \$	
	NO <input type="checkbox"/>		
6. Are you currently working? State your weekly income when working and number of sick days you have available.	NO <input type="checkbox"/>	YOUR	Sick
	YES <input type="checkbox"/>	Weekly income \$	days:
7. Is your spouse working? State his/her weekly income and occupation.	NO <input type="checkbox"/>	SPOUSE	
	YES <input type="checkbox"/>	Weekly income \$	Occupation:
8. What is your net worth (assets less liabilities)?	\$		
9. Are you or your spouse receiving Social Security? If YES, how much?	NO <input type="checkbox"/>		
	YES <input type="checkbox"/>	YOU \$	SPOUSE \$
10. Are you or your spouse receiving any other type of income? If YES, state amount, frequency and from whom.	NO <input type="checkbox"/>		
	YES <input type="checkbox"/>	\$	Frequency: From:
11. Provide other information that would be helpful in considering your request:			

I authorize any physician, hospital, insurer or person having any records, data or information concerning me to furnish such records, data or information as may be requested by such company to MODERN WOODMEN OF AMERICA or their duly authorized representative. I understand that in executing this authorization I waive the right for such information to be privileged. A photocopy of this authorization shall be considered as effective and valid as the original.

Date _____ Signature of Member _____

If not signed by Member, state relationship and reason why signature is not available. _____

(SEE REVERSE SIDE FOR PROVISIONS OF FRATERNAL AID BENEFIT AND ADDITIONAL REMARKS)

The function of Modern Woodmen of America *FRATERNAL AID FUND* is to provide temporary financial assistance to those members in need because of serious financial setbacks due to disability, illness, fire or natural disaster. Assistance is in the form of grants sufficient to specifically care for member's dues and insurance premiums for a limited period of time. Each application for assistance is evaluated and based on current need.

To give outright assistance for support or to pay medical bills for illness, fire or natural disaster would require a fund of vast proportions, running into millions of dollars. Such a fund is not available.

ADDITIONAL REMARKS: