

**Fraternal Aid Fund
Questionnaire - Fire/Natural Disaster**

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).	
		Reason for aid requested. (Furnish complete details if financial loss.)	
Marital status and sex.	Male <input type="checkbox"/>	Single <input type="checkbox"/>	
	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. Date of fire / natural disaster (flood, tornado, hurricane, etc.)	
2. Value of property destroyed by fire / natural disaster.	\$
3. Amount of insurance coverage.	\$
4. Amount of insurance received / expected.	\$
5. Was property a total loss? Yes <input type="checkbox"/> No <input type="checkbox"/>	(state percentage) %
6. Did you experience any lost income as a result of this disaster? Yes <input type="checkbox"/> No <input type="checkbox"/>	(state amount) \$
7. Was any member of Modern Woodmen of America seriously injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	(out of pocket medical) \$
8. Furnish newspaper article about fire / natural disaster (if any).	
9. Provide other information that would be helpful in considering your request:	

Date _____ Signature of Member _____

If not signed by Member, state relationship _____

(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 disability, age infirmity or serious financial setbacks, such as 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: