BetterLife®

Family Benefit Application*

Home Office Use:

Cert. _____

The Family Benefit provides up to twenty (20) $1,000 awards for costs associated with senior care, child care, extracurricular activities, family emergencies, or unexpected living costs. Members may apply each year from January 1 through December 15 for this benefit with a lifetime maximum of three awards granted to each member. We will award five benefits up to $1,000 per quarter, 20 benefits up to $1,000 annually, for a total of $20,000. Quarterly recipients will be selected after March 31, June 30, September 30, and December 15. A third-party judge will determine the recipients of the benefit.

Please Print:

Member's Name _____

Address _____
Street or P.O. Box City State Zip

Phone _____ Email _____

In 150 words or less, please explain how this benefit will help your family. *May be written below and continued on the back or attached on a separate sheet of paper.*

Signature: _____ Date: _____

Members may apply throughout the year from January 1 and December 15. Up to five benefits will be awarded per quarter throughout the year, totaling up to 20 benefits awarded annually.

Send to: BetterLife, P.O. Box 1527, Madison, WI 53701-1527 or via email: memberengagement@betterlifeins.com

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