PO Box 1527, Madison, WI 53701-1527
(608) 833-1936 or (800) 779-1936 | MemberEngagement@betterlifeins.com | betterlifeins.com

HEALTH BENEFIT APPLICATION

An award of up to $1,000 will be provided to a benefit member for out-of-pocket health expenses for a serious illness. An application must be received at the BetterLife Home Office within one year from the date of diagnosis of a patient for several years, examples include metastatic cancer, heart failure, chronic obstructive pulmonary disease, and dementia. This benefit only covers out-of-pocket medical expenses not covered by insurance. **Funds from the program will not be awarded to an eligible member more than once annually with a lifetime maximum of two awards total per member**. The annual fund will have a maximum of $20,000. Applications will be received until the annual fund is exhausted.

Member's Name (print in full) _____

Certificate Number(s) _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

Type of Illness _____

_____

Date of Diagnosis: _____

Have you applied to any organizations for assistance for this medical condition? ☐ Yes ☐ No

If yes, indicate name of organization for assistance and the assistance received. *Supporting documentation NOT required*.

_____

_____

Please give a description of the out-of-pocket medical expenses you have incurred.

_____

_____

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Please submit to Member Engagement department by either of the following ways:

1) Save document and attach to an email to MemberEngagement@BetterLifeIns.com
2) Print and mail to Member Engagement Dept, BetterLife P.O. Box 1527, Madison, WI 53701-1527

. *Application for the Health Benefit must be submitted within one year of diagnosis.*

I understand that this fraternal benefit is administered according to the provisions as established by BetterLife. I also understand that all decisions as to eligibility and the amount of any award will be determined by BetterLife and shall be final.