

The death of both parents is a tragedy no child should have to face. Through our Orphan Benefit, FaithLife Financial provides \$1,000 a month to support juvenile members whose parents have died, to help provide stability for the transition to a new living situation. *(At least one parent must have been a FaithLife Financial member.)*

Eligibility requirements

1. Applicant is orphaned (through the death of both parents).
2. Applicant is less than 19 years of age, and
 - (i) A member of FaithLife Financial at the time of orphanhood, or
 - (ii) If not a member; must have been declined for insurance by FaithLife Financial, or
 - (iii) Less than 60 days of age (see #6 below).
3. The applicant is the child (natural or adopted) of an eligible parent. An eligible parent is a father or mother who was a member of FaithLife Financial at the time of death.

Retroactive benefit payments are limited to the six-month period prior to the date of approval of this application.

FaithLife Financial has the sole right to define and determine the eligible applicant or parent status and any interpretation of this definition made by the Society is final.

Benefit will cease upon

1. Failure to continue FaithLife Financial membership, or
2. Legal adoption, or
3. Failure to attend school for reason other than disabling illness, or
4. Marriage, or
5. Attainment of 19th birthday (except as noted below), or
6. If less than 60 days of age at the time of orphanhood – and not a FaithLife Financial member at the time – failure to become a member before the first birthday.

NOTE:

At age 19, if the member is enrolled in full-time studies and CONTINUES TO MEET ALL OTHER ELIGIBILITY REQUIREMENTS (listed above) monthly benefits may continue until (a) the member's 23rd birthday or (b) until attainment of a first diploma or degree, whichever should first occur. To apply for extended benefits, please use form #505A.

...Application on reverse side.

On behalf of the applicant named, I hereby apply for the Orphan Benefit

Applicant's name _____

Age _____ Date of Birth _____

FaithLife Financial policy number(s) in force on the life of the applicant _____

If applicant is not insured with FaithLife Financial, was he/she declined for a health condition?

Yes If "Yes" give date _____

No Does condition still exist? Yes No

Applicant resides with (name and full address) _____

Supported by (name and full address) _____

Is the applicant attending school? Yes (Grade____) No If "No" and age six or more, state reason: _____

Is the applicant legally adopted? Yes No

Has a legal guardian been appointed? Yes No If "Yes" please provide a certified copy of the letters of guardianship.

Father's name _____
(Copy of death certificate required if not insured with FaithLife Financial)

Date of birth _____ Date of death _____

Mother's name _____
(Copy of death certificate required if not insured with FaithLife Financial)

Date of birth _____ Date of death _____

Policy numbers of FaithLife Financial policies in force at time of death

Father's _____ Mother's _____

Name of other children of deceased parents	Date of birth	Policy numbers

By signing below, I authorize Lutheran Life Insurance Society of Canada (FaithLife Financial), its partners and its service providers, to collect and use personal information about me to maintain and develop its relationship with me, and to better ensure I am advised of membership benefits, products and services that may be available to me. I understand that I may inform FaithLife Financial, at any time, to stop using my personal information for purposes other than to provide information I require, manage policies or products I purchase from the organization, or as specifically required by law. I also understand that restricting the use of my personal information may prevent me from learning of benefits, services and products that could be of value to me.

I certify that the above-named applicant meets the requirements for eligibility as outlined on the reverse of this form and that none of the reasons for termination of the benefit specified on reverse exist.

Dated at _____ this _____ day of _____ 20 _____

Signature _____ Witness _____

Relationship to Applicant _____ Telephone () _____

Street Address _____

City _____ Province _____ Postal Code _____

E-mail Address _____