



## Application for Fraternal Aid for Illness or Disaster

Royal Neighbors of America's Fraternal Fund was established to assist adult and youth members who have experienced extreme cases of financial need brought about by extended illness/serious accident or a disaster. Fraternal aid will be given to assist with out-of-pocket expenses. Out-of-pocket expenses means gross expenses incurred less reimbursement from any relief agencies, insurance coverage, or other source. In order to file a claim for fraternal aid, this form must be completed in full and sent to the Home Office within six months of the onset of the illness or disaster. When received, each application will be examined and benefit determination will be made on an individual basis and at the discretion of the fraternal services department at the Home Office.

### General Information

Print member's name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Type of member:  beneficial  general  youth

Chapter number: \_\_\_\_\_ Location: \_\_\_\_\_

Royal Neighbors membership date: \_\_\_\_\_ Birth date: \_\_\_\_\_

If youth member, give names of parents or guardians and occupations: \_\_\_\_\_

If adult beneficial or general member, give occupation: \_\_\_\_\_

Approximate annual family income: \_\_\_\_\_

Member is  single  married  spouse deceased

If married Spouse's name: \_\_\_\_\_

Spouse's occupation: \_\_\_\_\_

Does member have dependent children living in the household?  yes  no

If yes, give names and ages: \_\_\_\_\_

Are children members of Royal Neighbors of America?  yes  no

Does member have any other persons who are dependent upon member for support and maintenance? If so, list names, ages, and addresses: \_\_\_\_\_

**IMPORTANT** - Include a paragraph explaining why you feel this claim qualifies as an "extreme case of need". Please include any information that is relevant to this incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the foregoing statements and answers are true and constitute an extreme case of need.

Signature of member: \_\_\_\_\_ Date: \_\_\_\_\_

## Illness or Accident

**Complete only if applying for aid due to illness or accident.**

Give detailed explanation of illness or accident and date occurred: \_\_\_\_\_

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Does member have insurance to cover expenses incurred due to illness or accident?  yes  no  
Insurance company name and address:

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What approximate dollar amount of expenses will NOT be paid by insurance or other sources, including any relief agencies? \_\_\_\_\_

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If time is lost from job, is compensation provided?  yes  no If yes, what percentage of regular wages will be received? \_\_\_\_\_

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Is income available from other sources? (explain)

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How long is member expected to be off work?

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Name, address, and telephone number of doctor:

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## Disaster

**Complete only if applying for aid due to disaster.**

Give detailed explanation as to the date and nature of disaster and type of damage to family dwelling:

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Does member have insurance covering damage?  yes  no

Insurance company name and address:

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Give approximate dollar amount of damage that will NOT be covered by insurance or other sources, including any relief agencies: \_\_\_\_\_

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Did member have to leave residence?  yes  no  
If yes, for how long? \_\_\_\_\_

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