



LRFA

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Elkins Park, PA 19027

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OR LRFA USE ONLY

Benefits paid: \$ _____ Plans: _____

Approved by: _____ Date: _____

CLAIM APPLICANT

_____		#
Last Name	First Name	LRFA Member

CLAIM INFORMATION

Please be advised of the passing of the following LRFA member:

Name: _____ LRFA# _____

Date of birth (if known): _____ Date of death: _____

I am requesting the Final Expense Plan benefits be paid to:

Name of Individual Relationship LRFA #

Organization (if applicable)

Mailing address

Phone # E-mail

I am the ... _____ **Beneficiary*** _____ **Power of Attorney*** _____ **Other**
*(*documentation required if not already on file with LRFA)*

Enclosed are the following items:

- Copy of the official Death Certificate (required)
- LRFA Membership card
- Invoice of burial/funeral expenses

SIGNATURE

I agree to all terms of the LRFA Final Expense Plan and the information I have provided is accurate and complete. I understand that this Plan is not a life insurance policy, but a benefit plan for LRFA members.

Signature Date

FINAL EXPENSE PLAN CLAIM