



LRFA

PO Box 8857
Elkins Park, PA 19027

T 215.635.4137 / info@LRFA.org
F 215.635.1583 / www.LRFA.org

FOR LRFA USE ONLY

Benefits paid: \$ _____ Plans: _____

Approved by: _____ Date: _____

CLAIM APPLICANT

Last Name			First Name			#
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