



LRFA

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FOR LRFA OFFICE USE ONLY

LRFA Member #

Effective Date:

Waiting Period:

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 #
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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