LRFA

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FOR LRFA USE ONLY

Benefits paid: $_____ Plans: _____

Approved by: _____ Date: _____

FINAL EXPENSE PLAN CLAIM

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**