

Equitable Reserve Association

A Not-For-Profit Fraternal Life Insurance Association, est. 1897

APPLICATION FOR DISASTER RELIEF BENEFIT

Member's Name (print in full): _____ Policy No.(s): _____

Street Address: _____

City, State, Zip _____

Date of Disaster _____

Type of Disaster: Flood Hurricane Tornado Earthquake

Have you applied to any relief agency for assistance on this loss? Yes No

If yes, please indicate name and address of agency: _____

Attach reply from agency which indicates amount of assistance approved.

Attach statement from your residential insurer that itemizes any reimbursement for this loss.

Please give a complete description of your loss, including an itemized listing of the fair market value of each item at the time of the loss. Any reimbursement will be based on current value, not on purchase price. Include copies of any paid or unpaid bills for the repair or replacement of damaged items. Also include evidence that the loss was a direct result of the disaster (photographs, newspaper articles, etc). Any loss that has been or will be reimbursed by any insurer or relief agency will not be covered by the Association. (Use the back side of this form for additional space, if needed.)

Total amount of loss: _____

Less amount(s) covered by _____

Relief Agency and/or Insurer _____

Net amount of loss: _____

Applications for this benefit must be received at the Home Office within 60 days of the date of the Federal or State declared disaster. Please submit to the Office of the Secretary.

I understand that this fraternal benefit is administered according to the provisions as established by the Association. I understand that all decisions as to eligibility and the amount of any grant shall be determined by the Executive Committee of the Association and shall be final.

Date

Signature of Member