



LATVIAN RELIEF FUND OF AMERICA, INC.
 P.O. Box 8857 • Elkins Park, PA 19027 • Tel.: 215-635-4137 • Fax: 215-635-1583 • E-mail: alpf@comcast.net

Mortuary Benefit Plan Application

This area for LRFA office use only

LRFA Member #

Effective Date

Waiting Period

PERSONAL INFORMATION

Application for: adult child (under age of 18)

male female

Last Name	#	First name	Gender
Date of Birth	LRFA Member Nr.	Social Security number	
Address			
Address			
Telephone		E-mail	

COVERAGE

Please enroll me in the following plans (number of plans is unrestricted) Please supplement my existing coverage to include the following plans:

Plan E Plan F Plan G
 Plan H Plan I Plan J

Month

BENEFICIARY

Last Name	First Name	Relationship
Address		Date of Birth
Address		Telephone

In the event my beneficiary is deceased or cannot be located with reasonable efforts, I wish to donate my mortuary benefits to the LRFA, Inc. Please initial: _____

CHILD'S PARENT / GUARDIAN

Last Name	First Name	#
		LRFA Member Nr.
Address		Social Security number
Address		
Telephone	E-mail	

SIGNATURE

I am fully aware of the regulations for the LRFA Mortuary Benefit Plan and information I have provided is accurate and complete.

Signature	Date
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