



LRFA

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Elkins Park, PA 19027

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FOR LRFA OFFICE USE ONLY

LRFA Member #

Effective Date:

Waiting Period:

PERSONAL INFORMATION

Application for: Adult Child (*under age of 18*)

| | | | | |
|---|--|---------------|-----|-------------|
| Last Name | | First Name | # | LRFA Member |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| Gender | | Date of Birth | | |
| Address | | | | |
| City | | State | Zip | |
| Phone | | 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 F Free Plan G
(Children under 10)
- Plan H Plan I Plan J

Coverage to begin on the 1st of _____
Month

BENEFICIARY

| | | |
|---|------------|---------------|
| Last Name | First Name | Relationship |
| Address | | Date of Birth |
| Address | | Phone |
| 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 |
| Address | | Social Security Number | | |
| Address | | | | |
| Phone | | E-mail | | |

SIGNATURE

I agree to all terms of the LRFA Mortuary Benefit Plan and the information I have provided is accurate and complete.

Signature

Date

MORTUARY BENEFIT PLAN APPLICATION