



LRFA

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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

Male 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
(*Children under 10*)

Plan G

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