



## Orphan's Monthly Income Benefit Application

**Qualification Criteria:**

1. A qualifying child is someone who becomes orphaned and:
  - is a financial member of Degree of Honor
  - OR
  - at least one legal parent has died while being a financial member of Degree of Honor.
2. Legal parent is defined as the natural parents or the legally adopted parents, assuming the child was legally adopted prior to the death of both natural parents.

*\*Completing this application does not guarantee receipt of the benefit.*

The legal guardian of the orphan must complete this form. *Please type or print clearly.*

**1. Child Information** (*List information on all eligible children. A copy of each child's birth certificate must accompany this application.*)

**Child #1**

Name \_\_\_\_\_ Policy number (*if applicable*) \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security number \_\_\_\_\_

**Child #2** (*if any*)

Name \_\_\_\_\_ Policy number (*if applicable*) \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_

**Child #3** (*if any*)

Name \_\_\_\_\_ Policy number (*if applicable*) \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_

**2. Guardian Information** (*Copies of guardianship papers must be provided.*)

Guardian's name \_\_\_\_\_

Address (*if different from child*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone number (\_\_\_\_\_) \_\_\_\_\_

(Continued)

*Be sure to sign and date the reverse side of this application.*

**3. Deceased Parents Information** (*Certified copies of Death Certificate(s) and Legal Adoption papers (if applicable) must be provided, if not already on file with Degree of Honor.*)

List the legal parent(s) of the child.

Father's name \_\_\_\_\_ Date of death \_\_\_\_\_

Member at time of death?  Yes  No Policy number (if known) \_\_\_\_\_

Check One:  Legal natural father  Adoptive father

Mother's name \_\_\_\_\_ Date of death \_\_\_\_\_

Member at time of death?  Yes  No Policy number (if known) \_\_\_\_\_

Check One:  Legal natural mother  Adoptive mother

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Maximum monthly payments are:

- Ages 0 through 5 years: \$200
- Ages 6 through 13 years: \$250
- Ages 14 through 18 years: \$350

If approved, income checks will be made payable to the guardian for the benefit of the child.  
Payments will not be made retroactively.

**Please mail the documents listed below to:**

**Member Engagement Department, Degree of Honor, 1100 West Wells Street, Milwaukee, WI 53233-2332.**

- Completed Orphan's Monthly Benefit Application
- Copy of birth certificate for each child
- Copy of legal guardianship papers
- Legal adoption papers (if applicable)
- Certified copies of legal natural and/or adoptive parent death certificate(s)

If you have any questions, please contact the Member Engagement Department at 800-927-2547 or 414-273-6266.

**Any person who knowingly presents a false statement in an application for a member benefit may be guilty of a criminal offense and subject to penalties under state law.**

**Signature:**

I understand and agree that I have read the above statements and answers, and that they are true and complete to the best of my knowledge. I understand that the determination of eligibility for Orphan's Monthly Income Benefit payments is at the sole discretion of Degree of Honor. The Orphan's Benefits program is a fraternal benefit and not a guaranteed contractual benefit.

Signature of guardian \_\_\_\_\_

Signature of orphan(s) (required only if 16 or older) \_\_\_\_\_

Date \_\_\_\_\_