



DEGREE of HONOR
A division of Catholic Financial Life

P.O. Box 3211
Milwaukee WI 53201-3211

414-273-6266 Telephone
414-278-6535 Fax
800-927-2547 Toll-Free
degreeofhonor.com

For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233-2332

Special Needs Benefit Application

This fraternal benefit is for a financial member or child of a financial member of Degree of Honor (i.e. he/she is the primary insured on a life insurance certificate or on a spousal rider, or an annuitant). This benefit provides reimbursement for an individual challenged by physical or cognitive disabilities* and is to be used toward the cost of a therapy program, summer camp or the purchase of an adaptive device.

A reimbursement of up to \$100 is available and is not to exceed the actual cost of the camp, therapy program, or adaptive device. The member may apply for the benefit once annually.

Please complete the application below and submit with a copy of the paid receipt.

Completing this application does not guarantee receipt of the benefit.

Member's name _____ **Certificate number** _____

Child's name _____ **(i.e. child of the insured member)**

Address _____ **Lodge/Service Club** _____

City _____ **State** _____ **Zip** _____ **Phone number** _____

E-mail address _____

Special needs/medical diagnosis or condition _____

Camp/therapy program name and location _____

Dates of camp/therapy program attendance _____

Adaptive device purchased (if applicable) _____

I hereby apply for the Degree of Honor Special Needs Fraternal Benefit and acknowledge that I meet the eligibility requirements as stated above. I further attest that all of the information above is true and complete to the best of my knowledge.

Signature of member _____ Date _____

Please mail completed application and paid receipt to:

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

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

Under the **Americans with Disabilities Act, a person has a disability if that person has at least one of the following: physical or mental impairment that "substantially limits" one or more "major life activities", a record of such an impairment, or is regarded as having such an impairment.*