



CATHOLIC ORDER OF FORESTERS

355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012

Toll-free: 800-552-0145 • TTY: 800-617-4176

A Fraternal Benefit Society • *www.CatholicForester.com*

MEMBERSHIP INSURANCE APPLICATION

Name of proposed insured _____ Sex _____
Last First Middle Initial

Billing address _____
Street City State Zip Code

Birthdate _____ Age _____ Height _____ Weight _____ S.S.# _____

Is proposed insured a practicing Catholic? Yes No

Will this policy replace any present insurance? Yes No If YES, list company name _____

Plan of insurance Term-25 Plan code 2166 Amount \$10,000

Name of applicant _____ S.S.# _____ Relationship _____
(Parent/Guardian)

Beneficiary:

Primary _____ Contingent _____

Relationship _____ Relationship _____

S.S.# _____ S.S.# _____

- Has the proposed insured ever been treated for heart trouble, cancer, asthma, or diabetes? Yes No
- In the last five years has the proposed insured ever:
 - Consulted a physician for injury or illness? Yes No
 - Been diagnosed by a medical professional that they had any impairment of the immune system? Yes No

Give details for questions above _____

I apply for the above insurance. The answers I have given are true (and full) to the best of my knowledge and belief. I agree that insurance will not be in force until approved by the Order.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material there to commits a fraudulent insurance act, which is a crime.

Dated at _____ this _____ day of _____, 20 _____
City State

 APP-PW (KY) Signature of proposed insured
(Must be completed for ages 16 and above)

 Signature of parent or guardian
 of proposed insured

**Thank you for participating
 in the FirstVantage/
 Pathways Program**

Please remember to enclose
 your \$25 check made payable
 to Catholic Order of Foresters

School/parish name _____

Address _____

Phone _____

Applicant phone _____

