

## **LPSCU Educational Book Buy Program**

Beginning January 1, 2007, the LPSCU is introducing our newest Fraternal Benefit

### **LPSCU Educational Book Buy Program**

This award is in addition to any Educational Award you may have received from the LPSCU. The Book Buy Program will assist our members attending college by reimbursing 10% of your college book expenses.

How to qualify? You need only to purchase a *new 20 Payment Life or Whole Life Policy* during the student's freshman, sophomore, junior, or senior years of college. Premium's must be paid on an annual, semi-annual or quarterly basis and must be current for the member to be eligible for this program. You can submit an LPSCU Educational Book Buy Program Application each school year and receive 10% refund based on books purchased limited to the amount paid for the annual premium on your 20 Payment Life or Whole Life Policy.

Example: Student age 21 purchases a \$10,000 20 Payment Life having an annual premium of \$124.00 (does not include administration fee). Student submits receipts totaling \$815.00 for book purchases. Benefit will reimburse student \$81.50 (10% of the books purchased).

You may take advantage of this program for a maximum of four (4) years. Simply complete the LPSCU Educational Book Buy Program Application and attach your book receipt. It's as simple as that! In addition to receiving this reimbursement, you are protected with valuable life insurance.

For an application, please contact the Home Office at 570-823-3513, toll free 888-834-6614, e-mail us at [lpescu@lpescu.org](mailto:lpescu@lpescu.org) or check our website at [www.lpescu.org](http://www.lpescu.org).

# LPSCU Educational Book Buy Program Application

Certificate # \_\_\_\_\_ Branch # \_\_\_\_\_

Member Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

College/University \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

***PLEASE ATTACH YOUR COLLEGE BOOK RECEIPT  
RECEIPT MUST BE DATED WITHIN THIRTY (30) DAYS  
OF APPLICATION***

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Dated

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For Home Office Use

\_\_\_\_\_  
Secretary/Treasurer Approval

\_\_\_\_\_  
Dated