



## **Ladies Pennsylvania Slovak Catholic Union**

### **Newborn Benefit Program**

#### **Rules and Procedures**

This program is introduced as an added fraternal benefit to members of the Ladies Pennsylvania Slovak Catholic Union upon the birth of a child.

Newborn children of a member(s) of the L.P.S.C.U. are eligible for this benefit

- One parent must be a member
- Parent(s) can be biological or adoptive

Coverage will be \$2,000

- Benefit is for children between 10 days and 6 months of age

#### Notification

- Completion of Enrollment Form is required
- Child must be living at the time Enrollment is received by Home Office
- Certificate of Enrollment will be issued by Home Office
- Beneficiary(ies) will reflect enrolling parent(s)

#### In the event of death

- The benefit can be claimed by providing the following documentation:
  - Claim For Payment of Death Benefits
  - Original copy of death certificate
  - Original Certificate of Enrollment



**Ladies Pennsylvania Slovak Catholic Union**  
**Notice of Birth For Participation**  
**In the Newborn Benefit**

**ENROLLMENT FORM**

CHILD'S NAME: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_ Male/Female (Please circle one)

PARENT'S NAME: \_\_\_\_\_  
(Mother)

\_\_\_\_\_  
(Father)

PARENT'S ADDRESS: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_

\_\_\_\_\_  
(City, State and Zip)

PARENT'S PHONE #: (\_\_\_\_\_) \_\_\_\_\_

I/We formally request that my/our child be enrolled in the NEWBORN BENEFIT PROGRAM. I/We understand that the enrolling parent(s) will be the named beneficiary on said Certificate of Enrollment.

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

Mother's Certificate # \_\_\_\_\_

Father's Certificate # \_\_\_\_\_

\_\_\_\_\_  
Signature of Branch Secretary

Branch # \_\_\_\_\_ Dated \_\_\_\_\_

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For Home Office Use Only

\_\_\_\_\_  
Signature of National Secretary-Treasurer

\_\_\_\_\_  
Dated