



**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](http://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

\_\_\_\_\_  
Signature of proposed insured  
APP-PW (KY) (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 \_\_\_\_\_

