

Application for Distribution of Medical Benevolence Funds

(for Costs not Covered by a Medical Plan)

To assist pastors who incur costs of care related to health conditions not covered by the pastor's Medical Plan. It does not cover a pastor's Medical Plan out-of-pocket costs.

Beneficiary Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ H C Email Address _____

Family Members

Name _____ Age _____

Incurred costs of care related to health conditions not covered by the Medical Plan.

Name _____ Age _____

Incurred costs of care related to health conditions not covered by the Medical Plan.

Name _____ Age _____

Incurred costs of care related to health conditions not covered by the Medical Plan.

Name _____ Age _____

Incurred costs of care related to health conditions not covered by the Medical Plan.

Describe circumstances prompting this request

List the uncovered expenses, the time period for these expenses, and the total amount

Submitted by _____

Presbytery Use Only

Presbytery officer approval _____ Title _____

Presbytery _____ Date _____

Email address _____

Presbytery Stated Clerk approval _____ Date _____