

## APPLICATION FOR SICKNESS/ACCIDENT ASSISTANCE FROM MINISTERIAL BENEVOLENT FUND

**MP-11** 

International Church of the Foursquare Gospel

## **EILIGIBILITY**

The Ministerial Benevolent Fund is created from a portion of the annual credential fee and is disbursed by the Board of Directors as gifts to Foursquare ministers and their spouses participating in the fund for emergency assistance for sickness or accident. It is not an insurance fund. Ministers who have paid the current year's fee are eligible to apply. However, decisions are made in light of the length and continuity of participation in the plan, as well as the availability of funds. Benefits are not available for dependents, dental, maternity or disorders arising from pregnancy.

INSTRUCTIONS	
Please attach "copies" of your receipts for all of your personal <u>OUT-OFPOCKET</u> expenses.	
Complete this form and mail to your District Supervisor.	
1. Full Name	
2. Home Address (Number and Street)	
City Sta	te Zip Code
3. Currently in Active Ministry Position	
Retired	
4. Describe the nature of your illness or accident:	
5. Approximate TOTAL medical cost:	\$
6. Approximate TOTAL amount paid by insurance or other sources:	\$
7. TOTAL balance paid, or to be paid, by you:	\$
Date Signed: Applicant's Signature:	
Date Signed: District Supervisor Signature:	
FOR GENERAL SUPERVISOR'S OFFICE USE ONLY	
Date First Credentialed: Curre	ent Year Credential Fee Paid Yes No