



**APPLICATION FOR SICKNESS/ACCIDENT ASSISTANCE  
FROM MINISTERIAL BENEVOLENT FUND**  
International Church of the Foursquare Gospel

**MP-11**

**ELIGIBILITY**

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 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 and the availability of funds. Benefits are unavailable for dependents, dental procedures (unless surgically necessary or crowns), vision (unless surgically necessary), maternity or elective procedures.

**INSTRUCTIONS**

1. Please attach "copies" of your receipts for all of your personal OUT-OF-POCKET expenses.
2. Complete this form and email or mail to your District office.

1. Full Name \_\_\_\_\_

2. Home Address (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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 DISTRICT OFFICE USE ONLY**

Date First Credentialed: \_\_\_\_\_

Current Year Credential Fee Paid ☐ Yes ☐ No

Number of Distributions Previously Received: \_\_\_\_\_

Number of Distributions Currently Requested: 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_

*Distributions: Up to \$1,000 each, with a max of \$3,000*