

General Guidelines for Applicants

Benefits may be awarded in whole or in part, or may be denied, in the discretion of the member Benefit Committee. We prefer to provide payment directly to the vendor who is requesting a payment from you. Reimbursements for bills already paid will be made payable to you. Please provide documentation with your application. Payments and or reimbursements will not be made without this documentation. Proper documentation provided with the application will speed up the process. Please allow 2 to 4 weeks for processing.

The intent of the Odd Fellows Rebekah Benefit Committee is to help its members in good standing with temporary financial relief. This generally does not include rent, rental deposits, house payments and other recurring housing needs (exceptions may apply). The fund is designed to help those in temporary financial crisis, but not limited to:

- Health related expenses
- Utilities
- Food
- Transportation
- Repairs which prevent a safety hazard

It is our sincere intent to help our dear members who are in temporary need. Please attach a letter if you wish, that will help us understand your situation and needs, it will be held in strict confidence.

Your future monetary donation, to the Odd Fellows and Rebekah Assembly, will assist our community in the time of need. Thank you.

Sincerely,



Neil Allen, Benefit Committee Chair

Grand Lodge and Rebekah Assembly
Application for Member Benefits

If you have been an Odd Fellow or Rebekah in this Jurisdiction for 3 years and you and your lodge are in good standing, you may apply for up to \$1,000 for assistance to cover personal needs (such as food, medications, eye-glasses, assisted hearing devices and the like). Once a benefit is approved, additional applications from that household cannot be considered for 12 months from approval date - with a lifetime limit of 3 applications total.

Your application will be held in confidence by the Member Benefits Committee. Please include copies of bills and receipts. We prefer to pay providers directly when possible.

Mail your application to: Member Benefits Committee
% Grand Lodge of California
122 Race Street, San Jose CA 95126

Please print legible

Full Name: _____ Spouse: _____

Mailing Address: _____

Phone Number: (____) _____ E-mail Address: _____

Lodge Name & Number: _____ (OF ____ or R ____)

Date Joined _____ Dues Paid To Date: _____

How much money are you requesting in this application? \$ _____ (\$1,000 maximum)

Please tell us what you will use this money for if your application is approved: (Please attach letter, if needed)

Check to be made payable to: _____

Mail to: _____ Address: _____ City _____ Zip _____

Do you attest that you are requesting this money from the Member Benefit Fund because you cannot otherwise afford to obtain this item(s)? YES ____ or NO ____

Applicant Signature: _____ (Signature) _____ (Print Name) Date: _____