



P.O. Box 1527, Madison, WI 53701-1527
 608-833-1936 or 800-779-1936 • memberengagement@betterlifeins.com
 www.betterlifeins.com

Home Office Use:
 Cert. _____

Orphan Income and Scholarship Benefit Application

BetterLife supports member children, and children of members who lose both parents by providing a monthly allowance to the child's guardian. The benefit also includes money for college. BetterLife will contribute \$250 per month per child to the relative, friend, or guardian responsible for the orphan's support up to the age of 19. The orphaned children are eligible to receive up to \$3,000 each year for four years for those who are enrolled in an accredited college or \$2,000 each year for two years for a trade school of their choice. The money will be paid directly to the school.

Please Print

Member (parent) Name: _____

Second Member (parent) Name if applicable: _____

Address: _____
Street or PO Box, City, State, and Zipcode

Phone: _____ Email: _____

Child's name: _____ Birthdate: _____

Child's name: _____ Birthdate: _____

Child's name: _____ Birthdate: _____

Child's name: _____ Birthdate: _____

Child's name: _____ Birthdate: _____

If a child or children are or will be enrolled in secondary education:

Child's name: _____ Birthdate: _____

Name of college or trade school: _____ Year: _____

College or trade school address: _____

Phone: _____ Email: _____

Guardian Phone: _____ Email: _____

 Guardian signature

 Date

Send to: BetterLife, P.O. Box 1527, Madison, WI 53701-1527
 or via email: memberengagement@betterlifeins.com

This is a non-contractual benefit, subject to change by the Board of Directors.