



P.O. Box 1527, Madison, WI 53701-1527
608-833-1936 or 800-779-1936
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Home Office Use:
Cert. _____

Newborn Benefit Application

This benefit is designed to provide a fraternal death benefit for the death of a newborn child of an insured member, or apply for a guaranteed permanent insurance benefit for the newborn child.

Qualified members can receive a \$5,000 death benefit for a live-born child, if death occurs on or before the 60th day of birth, and they provide a copy of the birth and a death certificate for their child. The benefit will be paid upon receipt of proof at the Home Office within 3 years from the date of death, or within a reasonable time thereafter.

Otherwise, a qualified member (parent) may purchase a \$5,000 permanent life insurance plan on or before the 60th day of life at standard rates, regardless of insurability of their infant. If both parents are members and qualify under specific guidelines, they can purchase \$10,000 of permanent insurance for their newborn child.

A qualified member shall be defined as a father or mother of the child, if they are living, who has been a member for at least 90 days before the birth of the child, or, if the parent is not living, such parent was so insured at the time of death. Newborn benefits shall be paid to the parent who is currently the member.

Please Print

Member (parent) Name: _____

Second Member (parent) Name if applicable: _____

Address: _____
Street or PO Box, City, State, Zip Code

Phone: _____ Email: _____

Newborn child's name: _____ Birthdate: _____

Insurance amount: _____

The Certificate of Insurance will become effective 61 days after the date of birth of my child.

Member 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.