

BetterLife Family Benefit Application*

Home Office Use:
Cert. _____

The Family Benefit provides up to ten \$1,000 awards for costs associated with senior care, child care, extracurricular activities, family emergencies, or unexpected living costs. Members may apply each year from January 1 through June 1 for this benefit with a lifetime maximum of three awards granted to them. We will award ten benefits up to \$1,000 per year for a total of \$10,000. A third-party judge will determine the recipients of the benefit.

Please Print:

Member's Name _____

Address _____
Street or P.O. Box City State Zip

Phone _____ Email _____

Please submit the following essay (may be written below and continued on the back or attached on a separate sheet of paper):
Write in 150 words or less, how this benefit will help your family.

Signature: _____ Date: _____

Application must be received by June 1, 2024

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.**