

Newborn Infant Fraternal Benefit



**First Catholic Slovak
Ladies Association**



Newborn Infant Fraternal Benefit

The death of an infant is a tragic loss which brings grief and the financial burden of final expenses. The presence of a birth defect is just as heartbreaking. A child born with a defect will often be rated as a special risk or may not even qualify for life insurance.

This is why the FCSLA offers the **Newborn Infant Fraternal Benefit** to its members.



Eligibility Requirements

A newly born infant who is a natural or lawful child of a qualified member is automatically eligible for the Newborn Infant Fraternal Benefit program. A qualified member is one whose individual insurance program includes at least \$2,000 FCSLA permanent life insurance or \$10,000 FCSLA term insurance.

The parent or parents must be so insured at least 60 days prior to the birth of the infant.



Added security
for you and your
family

What does the **Newborn Infant Fraternal Benefit** mean to your future children?

FCSLA members who are eligible for this fraternal benefit receive special protection for their newborn in two ways:

1. **Death Benefit for Newborn Children.**

- ☞ This is automatic coverage at no cost beginning on the 8th day and ending on the 60th day of life.
- ☞ The sum of \$2,500 if one parent qualifies.
- ☞ The sum of \$5,000 if both parents qualify.
- ☞ In the event of a loss between the 8th and 60th day, qualified members should call the home office.

2. **Guaranteed Insurability Benefit for Newborn Children.**

Regardless of health, the FCSLA will guarantee the coverage listed below:

- ☞ Up to \$5,000 permanent life insurance or \$10,000 Super Youth Plan if one parent qualifies.
- ☞ Up to \$10,000 permanent life insurance or \$20,000 Super Youth Plan if both parents qualify.
- ☞ An application for insurance on the life of an infant must be submitted and the initial premium paid to the FCSLA **BEFORE** the infant's 60th day of life.

Visit us on our Web site at
www.fcsla.org
for more information about
our fraternal benefits.

**Contact your FCSLA
Representative:**

NAME

PHONE

E-MAIL

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