



**EPC**

*A Global Movement of Evangelical Presbyterian Churches*

## **Application for Distribution of Medical Benevolence Funds** (for Costs not Covered by a Medical Plan)

To assist pastors who incur costs of care related to health conditions not covered by the pastor's Medical Plan. It does not cover a pastor's Medical Plan out-of-pocket costs.

Beneficiary Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_  H  C Email Address \_\_\_\_\_

### **Family Members**

Name \_\_\_\_\_ Age \_\_\_\_\_

Incurred costs of care related to health conditions not covered by the Medical Plan.

Name \_\_\_\_\_ Age \_\_\_\_\_

Incurred costs of care related to health conditions not covered by the Medical Plan.

Name \_\_\_\_\_ Age \_\_\_\_\_

Incurred costs of care related to health conditions not covered by the Medical Plan.

Name \_\_\_\_\_ Age \_\_\_\_\_

Incurred costs of care related to health conditions not covered by the Medical Plan.

Describe circumstances prompting this request

List the uncovered expenses, the time period for these expenses, and the total amount

Submitted by \_\_\_\_\_

### **Presbytery Use Only**

Presbytery officer approval \_\_\_\_\_ Title \_\_\_\_\_

Presbytery \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_

Presbytery Stated Clerk approval \_\_\_\_\_ Date \_\_\_\_\_