



**EPC**

*A Global Movement of  
Evangelical Presbyterian Churches*

**Distribution of  
Medical Benevolence  
Application Form**

**BENEFICIARY INFORMATION**

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**FAMILY MEMBERS**

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

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

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

**CURRENT POSITION**

Retiree    Without Call    Mission Church Pastor (daughter church of: \_\_\_\_\_)

Minister's Salary \_\_\_\_\_ Other Family Income \_\_\_\_\_ Total Family Income \_\_\_\_\_

Briefly describe circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requesting aid for the time period: \_\_\_\_\_

**PRESBYTERY USE ONLY**

Presbytery Officer Approval \_\_\_\_\_ Title \_\_\_\_\_

Presbytery of the \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Time Period Approved \_\_\_\_\_

Presbytery Stated Clerk Approval \_\_\_\_\_ Date \_\_\_\_\_

*Approval of this application is considered a contractual agreement between the Medical Benevolence Fund and the presbytery in which each party agrees to pay one-half (½) of the monthly EPC health insurance premium agreed to by the Medical Benevolence Fund.*

*If a term extension is desired, application must be made 30 days in advance of the end of this agreement.*

*Eligibility is limited to a combined household income of \$35,000–\$50,000 for a single or couple, and \$40,000–\$50,000 for singles or couples with dependents, with assistance provided at a proportional rate within those ranges.*