



**CATHOLIC ORDER OF FORESTERS**

A FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012  
Toll-free 800-552-0145 • TTY 800-617-4176 • [www.CatholicForester.org](http://www.CatholicForester.org)

**HOME OFFICE USE ONLY**

Policy \_\_\_\_\_  
Court \_\_\_\_\_  
Roster \_\_\_\_\_  
 New  Increase  
Form # 1699

**TRAVEL ACCIDENT INSURANCE APPLICATION**

Face Amount \$5,000 \$15 Single Payment

Name of Proposed Insured \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle Initial

Billing Address \_\_\_\_\_  
Street Name City State Zip code

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Owner \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you a practicing Catholic?  Yes  No (If no, complete reverse side)

Will this policy replace any present insurance?  Yes  No (If yes, complete replacement forms and attach)

I apply for the above insurance. The answers I have given are true (and complete) to the best of my knowledge and belief. I agree that the insurance will not be in force until approved by the Order.

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner if other than Proposed Insured

\_\_\_\_\_  
Signature of Proposed Insured  
(Must be completed for ages 18 and above)

\_\_\_\_\_  
Signature of Parent or Legal Guardian of  
Proposed Juvenile Insured



**CATHOLIC ORDER OF FORESTERS**

A FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012  
Toll-free 800-552-0145 • TTY 800-617-4176 • [www.CatholicForester.org](http://www.CatholicForester.org)

<b>HOME OFFICE USE ONLY</b>	
Policy	_____
Court	_____
Roster	_____
	<input type="checkbox"/> New <input type="checkbox"/> Increase
Form #	1699

**FORESTER TRAVEL CARE  
TRAVEL ACCIDENT SUPPLEMENTAL APPLICATION**

<b>AGE</b>	<b>COVERAGE</b>	<b>PREMIUM</b>
All ages	\$5,000	\$15 single payment

This single premium rate of \$15 for a \$5,000 policy is acceptable for all ages and both sexes.

**MEMBERSHIP**

Membership requires the proposed insured either be Catholic or have an immediate family member who is a present or prospective Catholic Order of Foresters member. List below the immediate family member who is a current or prospective COF member.

*(Please Print)*

Member's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Name City State Zip code

Telephone \_\_\_\_\_

If proposed by a court officer, please complete—

Proposed by \_\_\_\_\_

Proposed Court No. \_\_\_\_\_

APP-TAP D (KY) APP-TAP D (OH)



**CATHOLIC ORDER OF FORESTERS**

A FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012  
Toll-free 800-552-0145 • TTY 800-617-4176 • [www.CatholicForester.org](http://www.CatholicForester.org)

**PROVISIONAL RECEIPT**

Received of \_\_\_\_\_

\$ \_\_\_\_\_ Payment for \_\_\_\_\_  
Plan of Insurance

It is agreed that if the insurance is approved by the Order, the above sum shall apply in payment of the premium for the time period it will cover.

If the policy is not approved, this sum will be refunded.

Date \_\_\_\_\_ Agent \_\_\_\_\_

APP-TAP D (KY) APP-TAP D (OH)