

Application for Insurance Grant:

Name of Applicant: _____

Status (select one): Retired Clergy (Date of Retirement) Clergy dependent
 Lay employee Surviving Spouse Former Clergy

Have you utilized the services of CLAIM? _____

Are you eligible for a Medicare Advantage Plan? _____

Are you eligible for a Special Needs Plan? _____

Have you enrolled in Medicare Part D (drug plan) _____

Have you applied for Missouri Rx assistance? _____

Which health plans have you investigated and what is the cost associated with each?

(Please provide the Conference with 2-3 quotes of companies through which supplemental insurance could be purchased, ie Plan F, Plan C.)

If you are needing help with coverage through the “donut hole” in your prescription drug plan, please provide information on your previous year’s drug costs (report from Medco) and an estimation of costs for this year’s drug costs (report from CLAIM). Include copies of both of these reports. Please also note whether you are taking brand-name or generic drugs. Maximum amount of funds available will be 50% of expenses up to \$2250 per year. (Special need appeals available)

Amount of Grant you are requesting? _____

This grant would be generated to cover current year expenses. Please note that this grant is also taxable income for reporting purposes. Application will be reviewed by the Clergy Support Team.

Signature of Applicant:

Date:
