



# FALLEN MEMBER

## Benevolence Fund Request Form

This form must be completed by the fallen member's District Chairperson.

The SEANC (Fallen Member) Benevolence Fund is established to provide assistance for members who have experienced loss of life while on duty or from injuries incurred while working during the time frame of Oct. 1, 2017—Sept. 30, 2018. In order to qualify for funds, **the fallen member must have been a SEANC member in good standing for a minimum of the previous six months.**

District chairpersons who know of a fallen SEANC member should complete this form in its entirety and mail it to: **SEANC Benevolence Fund, ATTN: Beth Dew, 1621 Midtown Place, Raleigh, NC 27609** or scan and email the form to: [bdew@seanc.org](mailto:bdew@seanc.org). If you need assistance completing this form, please contact Beth Dew at [bdew@seanc.org](mailto:bdew@seanc.org) or 800-222-2758.

**Fallen Member's Full Legal Name (print):** \_\_\_\_\_

**SEANC District Number:** \_\_\_\_\_ **SEANC Region:** \_\_\_\_\_ **SEANC Member ID Number:** \_\_\_\_\_

**Full Name of Fallen Member's Legal Spouse:\*** \_\_\_\_\_

**Telephone Number Where Fallen Member's Family Can Be Reached Including Area Code: ( \_\_\_\_\_ )** \_\_\_\_\_

**\*NOTE:** If there is not a spouse, please include the name(s) and phone number(s) of survivor(s) of the deceased.

**Fallen Member's Agency and Worksite:** \_\_\_\_\_

**Fallen Member's Supervisor's Name and Title:** \_\_\_\_\_

**Supervisor's Phone Number Including Area Code: ( \_\_\_\_\_ )** \_\_\_\_\_

**Date Fallen Member Died (month, day and year):** \_\_\_\_\_

**How did the Fallen Member die?** \_\_\_\_\_

**District Chairperson's Name:** \_\_\_\_\_

**District Chairperson's Cell and/or Home Number:** Cell No. ( \_\_\_\_\_ ) \_\_\_\_\_ Home No. ( \_\_\_\_\_ ) \_\_\_\_\_

**District Chairperson's Work Number (include extension if applicable): ( \_\_\_\_\_ )** \_\_\_\_\_

**District Chairperson's Email Address:** \_\_\_\_\_

**Date Chairperson Sent Form to SEANC** \_\_\_\_\_

**Date Request Form Received by SEANC:** \_\_\_\_\_

**Date Request Form Reviewed by Connections Committee:** \_\_\_\_\_

**Connection Committee Chairperson's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEANC President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_