



FALLEN MEMBER FUND

Request Form

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

The SEANC Fallen Member Fund was established to provide assistance for members who have experienced loss of life while on duty or from injuries incurred while on duty 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.**

A SEANC District Chairperson or a SEANC member should complete this form in its ENTIRETY and mail it to: **SEANC Connections Fund, ATTN: Beth Dew, 1621 Midtown Place, Raleigh, NC 27609** or scan and email the form to: bdew@seanc.org. If you need assistance completing this form, please contact Beth Dew at 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 Representative: _____

Telephone Number of Legal Representative including Area Code: (_____) _____

Address of Legal Representative: _____

City: _____ **State:** _____ **Zip Code:** _____

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 or SEANC Member's Name: _____

Cell and/or Home Number: Cell No. (_____) _____ Home No. (_____) _____

Work Number (include extension if applicable): (_____) _____

Email Address: _____

Date Form Sent to SEANC Connections Committee Staff Liaison (Beth Dew): _____

Date Request Form Received by SEANC Connections Committee Staff Liaison (Beth Dew): _____

Date Request Form Reviewed by Connections Committee: _____

Connection Committee Chairperson's Signature: _____ **Date:** _____

SEANC Treasurer's Signature: _____ **Date:** _____