



ORDER OF AHEPA
SUPREME LODGE HEADQUARTERS
AMERICAN HELLENIC EDUCATIONAL PROGRESSIVE ASSOCIATION

AHEPA Emergency Funds
Claim Sheet

Chapter Secretary: Please complete and return to Headquarters with a certified copy of the death certificate. If no beneficiary is named, and an administrator has been appointed, attach a certified copy of the Letter of the Administrator.

NOTE: Any member reinstated after January 1, 1970, regardless of age, shall not be eligible for the benefits of the Emergency Fund.

Name of Deceased Member: _____

Serial Number: _____ Chapter: _____ District: _____

Address: _____

City: _____ State _____ Zip _____

Date of Death: _____

Was the deceased current on dues? Yes No Life Member

Date last paid dues: _____

BENEFICIARY/ ADMINISTRATOR

Name: _____

Address: _____

City: _____ State _____ Zip _____

Relationship to the Deceased: _____

For Headquarters use only

Date Received _____ Date Reinstated _____ Date Initiation _____

Dues Last Paid: _____

Claim Rejected _____ Claim Approved _____ Amount _____

Reason for Rejection: _____ Initials: _____