



HMONG DISTRICT
OF THE CHRISTIAN AND MISSIONARY ALLIANCE

HMONG DISTRICT PROTECTIVE BENEFIT PLAN

Membership Application

Application for:

___ Applicant

___ Spouse

FOR APPLICANT

Applicant's Legal Name: _____

Hmong Name: _____

Address: _____

Phone Number: (Home) _____ (Business) _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____ Official Lic. No: _____

FOR SPOUSE

Spouse's Name: _____ Date of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Spouse's Social Security Number: _____

Beneficiary

Applicant's Primary Beneficiary: _____

Date of Birth: _____ Relationship: _____

Applicant's Contingent Beneficiary: _____

Date of Birth: _____ Relationship: _____

Spouse's Primary Beneficiary: _____

Date of Birth: _____ Relationship: _____

Spouse's Contingent Beneficiary: _____

Date of Birth: _____ Relationship: _____

I understand that becoming a member of the HMONG DISTRICT PROTECTIVE BENEFIT PLAN is optional. If I so choose to enroll, I agree to pay the \$100 enrollment fee for one individual and \$200 per couple. This enrollment fee is non-refundable unless the application is rejected. This is a one-time fee and no further payment is due to the member(s). The benefits payable under the Protective Benefit Plan may change without notice should the Policy and By-Law of Hmong District changed.

I understand that the benefits I apply for is not guaranteed unless the terms and conditions of the plan as prescribed in the Hmong District By-Laws are satisfied. I have read and understood the terms and conditions set forth in the Hmong District By-Laws Article 4F.

Signature _____ Date _____

Spouse's Signature _____ Date _____

Note: You may attach a check or money with this application or go to Hmong District website and submit your payment online.

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|-----------------------------------|
| For Hmong District Staff Use Only |
| Date Received: _____ |
| Method of Payment: _____ |