Benefit Insurance Commission
$500 Three-Year Certificate Application

(Clearly PRINT or TYPE all information)

Applicant Information

Full Name: _____
First Middle Last

Date of Birth: ___ / ___ / _____ Lodge Number: _____
MM DD YYYY

Home Phone:_____ Email address: _____

Permanent Mailing Address: _____
Street Number and Name Apt. #

_____
City State Zip

Beneficiary Information

Beneficiary Name: _____ Relationship: _____

Permanent Mailing Address: _____
Street Number and Name Apt. #

_____
City State Zip

To the best of my knowledge and belief the statements above are true and complete and shall be the basis for the issuance of a certificate and will become a part thereof. I understand that the certificate shall not take effect until the application is approved and the premium received by the Benefit Insurance Commission of the Grand Lodge of Massachusetts. I am currently between the ages of 18 and 54 and understand that should my membership in the Order Sons of Italy in America be cancelled, the certificate will be deemed null and void.

X _____ Date: _____
Signature of Applicant

Mail this completed application within 60 days of membership along your check in the amount of $5.00 payable to “Benefit Insurance Commission” to:

Benefit Insurance Commission – 93 Concord Avenue – Belmont, MA 02478

OFFICE USE ONLY

DOE / VER: _____

CERT #: _____