

**Italian Catholic Federation Hospitalization Plan
INFORMATION AND APPLICATION FORM**

Who is eligible to join?

Any member of the I.C.F. under the age of 70.

Benefits:

After ninety (90) days from the date of enrollment, the fund will pay:

1. **\$75.00 for the first day, \$50.00 for the second day and \$25.00 for a third and any additional days thereafter. A member must stay at least overnight in an acute care facility unless an outpatient surgery is performed. Stays in strictly convalescent or rehabilitation facilities are not covered by this plan and do not qualify for reimbursement.**

***For hospital stays prior to 6/21/14 the previous benefits apply: \$50.00 for the first day, \$25.00 for the second day and \$10.00 for a third day and any additional days thereafter. \$75.00 for the use of an operating room in a hospital or surgical center.**

2. **\$100.00 for the use of the operating room if required during the confinement.**
3. **\$100.00 to outpatients for the use of the operating room in a hospital or state licensed surgical center.**
4. **Up to a \$500.00 maximum per calendar year.**
5. **Up to a \$500.00 maximum for any one sickness during lifetime.**

Features:

1. **Payments made directly to the member.**
2. **No required medical exam.**
3. **Membership continues beyond age 70.**
4. **Claims accepted up to one year after Confinement.**

To Join:

1. **Complete and sign the application below.**
2. **Submit the application to your Branch Financial Secretary.**

Application for Membership in the Hospitalization Plan

(return this portion to the I.C.F. Office)

I hereby apply for membership in the Italian Catholic Federation Hospitalization Plan.

I am under 70 years of age.

I am a member of Br. _____ in _____
(city) (state)

Mr.
NAME Mrs. _____
Miss _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

I will pay \$25.00 to the Financial Secretary of my Branch.

Member's Signature _____ Date paid _____

Check # _____ or Cash _____

Financial Secretary's Signature _____