

ITALIAN CATHOLIC FEDERATION HOSPITALIZATION PLAN

As a member of the Mutual Hospitalization Plan of the Italian Catholic Federation, you are entitled to the benefits of the plan subject to the following rules and regulations.

- I. The Plan is called the **ITALIAN CATHOLIC FEDERATION MUTUAL HOSPITALIZATION PLAN**.
- II. The Plan Fund will consist of dues paid by members who will receive benefits according to these rules when confined in an **ACUTE CARE HOSPITAL** legally approved by the State Board of Health.
- III. All members of the Federation who have **not reached their 70th birthday** are entitled to join the Plan.
- IV. The annual dues are \$25.00 per year. Membership begins on the first day of the month, provided that the first payment is made to the Branch prior to the fifteenth day of said month. If payment is made on or after the fifteenth day of the month, membership begins on the first day of the following month.
- V. The dues for the Plan are to be paid to the Financial Secretary of the Branch who will transmit the dues to the Plan Committee at the end of each quarter together with the Dues Payment Record.
- VI. The Branches are prohibited to advance dues to the Plan from their funds.
- VII. Members must be in good standing in their Branch dues and Hospitalization dues to receive payments from the Plan. A member in arrears for three months loses all rights as a member and is not entitled to benefits.
- VIII. The member in good standing is entitled to the following benefits payable at \$75.00 for the first day, \$50.00 for the second day and \$25.00 thereafter, for every day of hospitalization and \$100.00 for the use of an operating room in a hospital or surgical center.
 - A. No benefits are payable for the first ninety (90) days of membership.
 - B. \$500.00 maximum benefit per calendar year.
 - C. \$500.00 maximum benefit per recurrent sickness during the lifetime of the member.

***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 thereafter, for every day of hospitalization and \$75.00 for the use of an operating room in a hospital or surgical center.
- IX. To receive benefits from the Plan, the member must mail a Hospitalization Plan Claim Form, obtainable from the Branch Financial Secretary or I.C.F. Central Council office, plus a copy of the hospital/surgical center bill, to the I.C.F. Central Council Office within one year, after release from the hospital or surgical center. A surgical center must be licensed as an ambulatory surgical center by the state in which it is located; or it is a freestanding facility, other than a physician's office, where surgical services are provided on an ambulatory basis. Surgical services performed in a physician's office are judged on a case to case basis.
- X. Due to the mutual aid objectives of the Italian Catholic Federation, these benefits are **NOT ASSIGNABLE**.
- XI. The Plan is administered by the Italian Catholic Federation Hospitalization Committee who will report at each meeting of the Central Council.
- XII. An aggrieved member may appeal first to the Plan Committee and then, if necessary, to the Executive Committee of the Italian Catholic Federation. The decision of the Executive Committee shall be final.
- XIII. The Plan Committee may increase or reduce the amount of benefits or premiums, if deemed necessary because of financial hardship in the Hospitalization Fund, along with the Executive Committee and the approval of the Central Council. The Plan Committee is an authorized Committee of the Central Council of the Italian Catholic Federation and subject to all of its rules and regulations. The administrative costs of no more than 15% for operating the Plan shall be charged to the Hospitalization Plan Fund.
- XIV. Notices of delinquency in Plan dues will be sent periodically to all members. Non-receipt of such notice will not constitute an excuse if a claim is rejected.

**ITALIAN CATHOLIC FEDERATION
HOSPITALIZATION PLAN COMMITTEE**

KEEP THIS CERTIFICATE WITH YOUR VALUABLE PAPERS