



O R D E R O F A H E P A
S U P R E M E L O D G E H E A D Q U A R T E R S
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/ ADMINSTRATOR

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: _____