

## Grant Application for Pre-65 Clergy

The Dakotas UMC approved the creation of a "Fund" to help those who need assistance with a significant financial need related to medical cost.

If you need some financial assistance to help pay for your out of pocket medical expense, please fill out this form.

Medical grants are given on a case by case need basis.

Please send the completed application to:

Conference Benefits Officer, Leana Stunes, PO Box 460 Mitchell, SD 57301

*Please attach a one page detail of why you are applying for this grant along with all receipts of medical expenses for the specific incident.*

### Monthly Income:

Compensation \_\_\_\_\_  
Pension \_\_\_\_\_  
Social Security \_\_\_\_\_  
Savings \_\_\_\_\_  
\*Other \_\_\_\_\_

TOTAL INCOME \_\_\_\_\_

### Monthly Expenses:

Rent, Mortgage or Housing \_\_\_\_\_  
Utilities \_\_\_\_\_  
Food \_\_\_\_\_  
Taxes \_\_\_\_\_  
HealthFlex Premium \_\_\_\_\_  
\*\*Other \_\_\_\_\_

TOTAL EXPENSES \_\_\_\_\_

\*Other Income could be any kind of monthly income you receive or access to any Trust account, Life Estate account etc.

\*\*Other Expenses could be out-of-pocket medical or pharmacy costs, debts (non-credit card), Home health care not covered by insurance, etc.

As you complete this application there are two things to remember:

FIRST: try to estimate your monthly expenses in a typical month.

SECOND: Please be assured that any information you give is kept strictly confidential. Not even the Conference Board of Pensions will know your name. If a grant is approved to assist to help you pay your out of pocket medical expense, that amount will be distributed as a benevolence check and will be non-taxable.

Applicant's Name (Please print): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_