

September, 2008

Dear Friends of St. Pius X,

I am writing you today to introduce the Catholic Order of Foresters' to St. Pius X Parish and School.

The Foresters is a century old not for profit fraternal benefit society dating back to a time when taking care of one another was a necessity.

The word "fraternal" means brotherhood and friendship-and that's what Catholic Order of Foresters is all about. It's about people helping people, bonding together for mutual support-loving and serving God by giving our physical, financial, and spiritual resources to make a difference.

Forester members form a fraternal network called a "court". Through local courts, member volunteers have the opportunity to support Catholic and community causes. Our successful Matching Funds Program of charitable giving allows courts to raise money for our parish, our school, and our community.

Among the unique characteristics of COF, one of the best is the ongoing financial support of our school programs and youth ministry. COF desires our youth to grow in our Catholic faith. Funds are made available for our court to financially support youth activities which promote positive Catholic activities whether social, spiritual, or charitable.

We have the opportunity to participate in the Catholic Order of Foresters Pathways Program of funding for Catholic schools. This unique program offers our school a way of earning extra funds and your children a way to begin preparing for their financial future!

With an annual outlay of only \$25.00 each, you may purchase a Catholic Order of Foresters First Vantage starter insurance policy. When you do, The Pathways Program of Catholic Order of Foresters will give our school or religious education program \$25.00 donation for each new member policy issued. Your child will become a member of the Foresters, be eligible to apply for member benefits such as college scholarships, educational awards, student loans, orphan benefits, and opportunities to participate in photo and poster contests.

It is important for each family to consider becoming a member(s) of the Catholic Order of Foresters. Please contact Theresa Bamberger or Chris Dillon @859-746-9110. Visit the Forester Website @ www.catholicforesterky.org

Fraternally,

Fr. Thomas Robbins, Pastor

Mission Statement

We are a trusted, century-old Catholic fraternal insurance society dedicated to providing our members with financial security and opportunities for spiritual, social, and charitable growth.

Core Beliefs

We pledge to accomplish our mission guided by the following principles:

Recognize our interdependency and the need to work in partnership to secure the society's success.

Encourage flexibility, a willingness to change, fairness and compassion.

Foster, support, and provide resources for charitable and fraternal activities, community, school, and church outreach.

Offer opportunities for personal and professional growth; honor other's achievements.

Listen, communicate openly, respect other's ideas, and encourage initiative.

Respond to changing needs by developing new products and fraternal benefits to ensure the society's growth.

Maintain the highest standard of quality and accuracy.

Respect life and uphold Christian values and ethics.



CATHOLIC ORDER OF FORESTERS

A Fraternal Benefit Life Insurance
Society Since 1883

355 Shuman Boulevard
PO Box 3012
Naperville, IL 60566-7012

630-983-4900
Toll-free - 800-552-0145
TTY - 800-617-4176

www.CatholicForester.com
www.CatholicForester.org



HOME OFFICE USE ONLY
 Policy _____ Court _____ Roster _____



CATHOLIC ORDER OF FORESTERS
 355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012
 Toll-free: 800-552-0145 • TTY: 800-617-4176
 A Fraternal Benefit Society • www.CatholicForester.com

MEMBERSHIP INSURANCE APPLICATION

Name of proposed insured _____ Sex _____
Last First Middle Initial

Billing address _____
Street City State Zip Code

Birthdate _____ Age _____ Height _____ Weight _____ S.S.# _____

Is proposed insured a practicing Catholic? Yes No

Will this policy replace any present insurance? Yes No If YES, list company name _____

Plan of insurance Term-25 Plan code 2166 Amount \$10,000

Name of applicant _____ S.S.# _____ Relationship _____
(Parent/Guardian)

Beneficiary:
 Primary _____ Contingent _____
 Relationship _____ Relationship _____
 S.S.# _____ S.S.# _____

- Has the proposed insured ever been treated for heart trouble, cancer, asthma, or diabetes? Yes No
- In the last five years has the proposed insured ever:
 Consulted a physician for injury or illness? Yes No
 Been diagnosed by a medical professional that they had any impairment of the immune system? Yes No

Give details for questions above _____

I apply for the above insurance. The answers I have given are true (and full) to the best of my knowledge and belief. I agree that insurance will not be in force until approved by the Order.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material there to commits a fraudulent insurance act, which is a crime.

Dated at _____ this _____ day of _____, 20 _____
City State

Signature of proposed insured (Must be completed for ages 16 and above) Signature of parent or guardian of proposed insured

**Thank you for participating
 in the FirstVantage/
 Pathways Program**
 Please remember to enclose
 your \$25 check made payable

School/parish name _____
 Address _____
 Phone _____
 Applicant phone _____



CATHOLIC ORDER OF FORESTERS

A FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012
Toll-free 800-552-0145 • TTY 800-617-4176 • www.CatholicForester.org

HOME OFFICE USE ONLY

Policy _____
Court _____
Roster _____
 New Increase
Form # 1699

TRAVEL ACCIDENT INSURANCE APPLICATION

Face Amount \$5,000 \$15 Single Payment

Name of Proposed Insured _____ Sex _____
Last First Middle Initial

Billing Address _____
Street Name City State Zip code

Birth Date _____ Age _____ Social Security No. _____

Beneficiary _____ Relationship _____

Social Security Number _____

Owner _____ Relationship _____

Social Security Number _____

Are you a practicing Catholic? Yes No (If no, complete reverse side)

Will this policy replace any present insurance? Yes No (If yes, complete replacement forms and attach)

I apply for the above insurance. The answers I have given are true (and complete) to the best of my knowledge and belief. I agree that the insurance will not be in force until approved by the Order.

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Dated at _____ this _____ day of _____, _____

Signature of Owner if other than Proposed Insured

Signature of Proposed Insured
(Must be completed for ages 18 and above)

Signature of Parent or Legal Guardian of
Proposed Juvenile Insured



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| | |
|-----------------------------|--|
| HOME OFFICE USE ONLY | |
| Policy | _____ |
| Court | _____ |
| Roster | _____ |
| | <input type="checkbox"/> New <input type="checkbox"/> Increase |
| Form # | 1699 |

**FORESTER TRAVEL CARE
TRAVEL ACCIDENT SUPPLEMENTAL APPLICATION**

| | | |
|------------|-----------------|---------------------|
| AGE | COVERAGE | PREMIUM |
| All ages | \$5,000 | \$15 single payment |

This single premium rate of \$15 for a \$5,000 policy is acceptable for all ages and both sexes.

MEMBERSHIP

Membership requires the proposed insured either be Catholic or have an immediate family member who is a present or prospective Catholic Order of Foresters member. List below the immediate family member who is a current or prospective COF member.

(Please Print)

Member's Name _____

Address _____
Street Name City State Zip code

Telephone _____

If proposed by a court officer, please complete—

Proposed by _____

Proposed Court No. _____

APP-TAP D (KY) APP-TAP D (OH)



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PROVISIONAL RECEIPT

Received of _____

\$ _____ Payment for _____
Plan of Insurance

It is agreed that if the insurance is approved by the Order, the above sum shall apply in payment of the premium for the time period it will cover.

If the policy is not approved, this sum will be refunded.

Date _____ Agent _____

APP-TAP D (KY) APP-TAP D (OH)