



**Infant loss benefit application**

# Helping families through the healing process

As a fraternal benefit society, Thrivent offers a \$5,000 grant to eligible clients who are coping with the loss of a newborn or stillborn child. We hope this grant will help with emotional healing, expenses or caring for yourself.

**Eligibility**

If your child was stillborn at or after 20 weeks of pregnancy or passed away within 60 days of birth, you may qualify for this special grant. Please complete the form below if you, as the child’s mother or father, can answer “yes” to the following:

- At the time of my child’s passing, I was a Thrivent client with membership, or had applied for a qualifying product that was later issued to me, and a valid membership application was submitted. (Note: You become a client with benefit membership when you apply for and purchase a qualifying Thrivent insurance or annuity product, like disability income or life insurance.)
- I am completing this application within two years of my child’s passing.
- I understand that only one grant from Thrivent will be paid per child lost, not per Thrivent client.
- I understand that the grant is not available if my child had life insurance from Thrivent.

**We’re here for you**

If you have any questions regarding possible eligibility, please don’t hesitate to call us at **800-847-4836**. When you hear the prompt, “How can I help you today?” say “Fraternal.” You will be connected with someone who can help answer your questions.



**Contact information**

Name of eligible parent

I am the child's:  Father  Mother

Address

City

State

ZIP code

Phone

Email

Thrivent ID—Your Thrivent ID can be found on a recent statement or by contacting Thrivent.

## Stillbirth

A stillbirth is a naturally occurring, intrauterine death that occurs at or after 20 weeks of pregnancy.

Gestational age (weeks)

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Date of stillbirth delivery

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## Live birth

Birth date

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Date of child's passing

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Did the child have Thrivent life insurance at the time of death?

Yes  No

## Confirmation

Please be sure to include a copy of one of the following documents: Fetal Death Record from the state, Certificate of Birth Resulting in Death from the state, or physician discharge summary or similar documentation from the health care provider.

By signing and dating below, you confirm this information is correct.

Eligible parent signature

Date signed

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We will let your financial professional know you've applied for this grant. If you prefer to do so yourself, please check here:

### Mail completed application and required documents to:

Client Services –  
Membership Benefits  
Thrivent  
P.O. Box 8064  
Appleton, WI 54912-8064

### Fax:

Client Services –  
Membership Benefits  
**800-225-2264**

Monetary gift is based on eligibility requirements and not a guaranteed contractual benefit. The interpretation of eligibility and other provision of this program is solely the responsibility of the company and they reserve the right to change, modify, discontinue or refuse to provide the benefit or any payment of it, at any time and for any reason.

# thrivent®