

## MEDICAL RELIEF FUND

In the early portion of the twentieth century, Grand Chapter instituted the Tuberculosis Relief Fund to help those Royal Arch Masons and their immediate dependents with tuberculosis as well as illnesses associated with mining and trades involved with asbestos exposure. In 1964, as tuberculosis waned due to the development of anti-tuberculosis medications, Grand Chapter amended section 17-B of the Constitution to broaden the scope of medical illness covered by the fund and changing the name of the fund to The Diseases of the Lung Fund. The effect of the amendment was that the committee could then render assistance not only in the case of tuberculosis, but also in cases of other chronic diseases of the lungs (cancer, asthma, emphysema, etc.). In 2013, as applications waned for assistance, Grand Chapter adopted section 202 of the Constitution again broadening the scope of the fund changing the name to the Medical Relief Fund. This change allows the committee to extend aid to other illnesses besides those associated with the lung. However, as the principle was donated for tuberculosis and/or diseases of the lung, "the income of the Medical Relief Fund shall be applied primarily to the relief of diseases of the lung and any excess of income not required for such work in any year may be applied to the relief of other chronic diseases or for medical research."

The Medical Relief Committee is prepared to render assistance and will give prompt attention to applications for relief. (This can mean a monthly stipend to supplement current income based on the unreimbursed medical expenses of the applicant).

Eligibility for assistance from the Medical Relief Fund is for New York Royal Arch Masons and their direct dependents, defined as household family members who are financially dependent upon the Royal Arch Mason. Benefits are limited to a maximum of \$1,000.00 per month per applicant.

Each application for relief must be approved by the Chapter of which the Applicant is a member or by the High Priest, if the Chapter by vote delegates the power of approval to that Officer. This relief is to cover **unreimbursed medical expenses** of the applicant. The applicant must be a New York Royal Arch Mason to request assistance from the fund.

Each application must be investigated by a Committee of three Companions appointed by the High Priest of the Chapter of which the applicant is a member. No action should be taken by the Chapter or High Priest on an application until proper application forms have been obtained and completed by the Applicant. Final approval/disapproval of each application is rendered by a majority vote of the Grand Chapter RAM of New York Medical Relief Committee.

**APPLICATION FOR ASSISTANCE FOR ROYAL ARCH MASONS AND/  
OR THEIR DEPENDENTS DISABLED AS A RESULT OF ANY CHRONIC  
MEDICAL ILLNESS**

The undersigned, a Royal Arch Mason in good standing or dependent, hereby applies for assistance and submits the following statement:

Full Name of Applicant: \_\_\_\_\_

Residence:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: / /

Royal Arch Mason's Name: \_\_\_\_\_

Date of Raising: / / in \_\_\_\_\_ Lodge No. \_\_\_\_ Located at: \_\_\_\_\_

Date of Exaltation: / / in \_\_\_\_\_ Chapter No. \_\_\_\_ Located at: \_\_\_\_\_

Describe the nature of your ailment (continue on separate piece of paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State in detail what assistance you believe you need (continue on separate piece of paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that any action taken in relation to granting assistance is subject to revocation. I agree to furnish, from time to time, such information as may be called for by the Committee charged with the administration of this fund.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_



**INSTRUCTIONS FOR CHAPTER AND COMMITTEE OF INVESTIGATION**

A Certificate from a qualified Physician who has examined the Applicant must accompany each Application setting forth in detail his findings and conclusions, and the character of treatment required. Unreimbursed medical expenses should be documented by a billing statement from the physician's office or personal financial records (i.e. copies of canceled checks).

Each Application for assistance must be approved by the Companion's Chapter or the High Priest of the Chapter should the Chapter by vote delegate the power of approval to that Officer. Each Application for assistance must be investigated by a Committee of three Companions appointed by the High Priest of the Companion's Chapter.

It shall be the duty of the Committee of Investigation to personally visit the Applicant. In the blank space below, indicate the results of the investigation and its recommendations as well as the reasons for those recommendations. The Committee must make a specific recommendation as to the amount of monthly assistance required.

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Dated: \_\_\_\_\_

Signatures of Committee of Investigation:

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## PROCEDURES FOR APPLYING TO THE MEDICAL RELIEF FUND

1. Companion or Chapter downloads an application from the Grand Chapter Website under Charities (<http://ny--royal-arch.org/wp/charity/>)
2. Chairman is notified and contact the Chapter (usually Secretary) and/or Companion to go through the procedures of completion.
3. When Chairman receives the completed form, it is checked for completeness. Chairman then contacts Committee Members by email, describing the condition and recommendations. The identity of the candidate is unknown to the Committee Members. All pertinent information is kept confidential.
4. The Committee members must give their recommendation by email within 15 days to the Chairman. A majority of committee members must approve or disapprove the application.
5. Chairman then submits the committee's recommendation to the Chairman of the Trustees.
6. Trustee Chairman then fills out the special form for payment, which is sent to the Grand Secretary and Grand Treasurer. The amount of recommended payment, as well as the name, address, and contact information of the applicant should be provided to the Grand Secretary and Grand Treasurer.
7. Each grant will be subject to an annual review that will be conducted by the committee, and a letter documenting recertification/decertification will be added to their file.
8. All original records of the committee will be stored at the Utica office.