



Grand Chapter State of New York, Royal Arch Masons

Medical Relief / Reimbursement for Royal Arch Masons and their Dependents

Companions,

The Grand Chapter of the State of New York, Royal Arch Masons, has recently expanded additional types of financial grants available for those applying to the Committee on the Medical Relief of Royal Arch Masons and their families. We can now offer direct assistance for a wide range of cardiopulmonary diseases and many other types of medical assistance, as well as UNREIMBURSED medical expenses for hospital and medical copays and pharmacy expenses. These grants can be a “one time only” grant, or a monthly stipend to help offset recurring unreimbursed medical expenses.

It is **easy** to apply for the grant. There are two forms required.

1-Each Applicant fills out a form specifying his grant request. The applicant provides receipts for UNREIMBURSED pharmaceutical or medical expenses incurred by the patient.

2-The Royal Arch Chapter must provide a simple confidential referral form signed by the Chapter Secretary and the High Priest. *Note: This is NOT to be brought up for approval by the Chapter.*

Submit the two forms **together** with receipts to the Grand Secretary at the Grand Chapter Office, 2150 Bleecker St., Utica, NY 13501 or ghp2012@gmail.com who will submit them to the Committee for review and approval. *Note: These may be emailed to the Grand Secretary for convenience.*

***NOTE: If this is an immediate and urgent request.
Please state in Companion's Application Form #1***

Frequently Asked Questions

1-You cannot “double dip” expenses. The program is only for legitimate UNREIMBURSED medical expenses.

2-You don't have to be indigent or poor for reimbursement.

3-The High Priest and Secretary are required to sign page two. This is to certify that the member is in good standing. The Chapter does not need to know or vote on any application.

4-All submissions are confidential to the committee.

5-Royal Arch membership is a requirement for eligibility. Invoices incurred prior to membership are ineligible for submission.

6-Reimbursement is for expenses already incurred. Must have paid receipts. Note: If there is an immediate and urgent financial concern, with prior authorization, we will respond ahead of the receipts if agreed by the committee.

7- The committee will determine the eligibility of the applicant and the amount of reimbursement.

8- Elective procedures require prior approval of the committee.

9-No reimbursement for glasses, contacts, or eye surgery.

10- You can only do a “one year” look back. We want to service the entire Grand Chapter.

10- Only Companions, spouses and children and legal dependents that reside in your home are eligible for this benefit.

Medical Relief / Reimbursement Companion's Application Form #1

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

Name of Royal Arch Companion Applicant: _____

Residence: _____

Telephone (Home): () - / Telephone (Cell): () -

Email: _____

Application is for: *(please state recipient)* _____

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

Amount requested? _____

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

Signature: _____ Dated: _____

**Medical Relief / Reimbursement
Chapter's Certification/Referral Form # 2**

I, _____ High Priest of _____ Chapter No. _____,
Royal Arch Masons, located at _____, New York, do hereby
certify that Companion _____ is a member in good standing.

Comments if needed:



Signature of High Priest: _____

Attest: _____

(Secretary)

Date: _____