

Apply to Catholic Holy Family Society

- Using your printer and the Adobe® PDF file, print an application for each person you want covered. Application in Portable Document Format (PDF) The Adobe® Acrobat Reader is required to view PDF documents. If you do not have Acrobat Reader click the button above to download it free from Adobe's site.

- Send no money at this time. Send the completed application to:
Catholic Holy Family Society, P.O. Box 2909, Joliet, IL 60434

- When the application is received in our office, your insurance policy will be sent directly to you for examination. Look it over and be sure it meets your needs. A bill for your first monthly premium will be included. After your first premium is paid, your policy will be in force immediately as of the effective date shown on the policy.

To see the amount of your premium find your current age in one of the following tables.

Next to your age look to the right and select the coverage you want: \$2,000, \$4,000, \$5,000, \$6,000, \$8,000 or \$10,000 is available up to age 65. FOR MEN (MONTHLY PREMIUM) AGE \$2,000 \$4,000 \$5,000 \$6,000 \$8,000 \$10,000
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6716.5832.1639.95 Plans over \$5,000 are not available to persons 66 years old or

older. 6817.4633.9242.156918.2635.5244.157019.1237.2446.307120.0439.0848.607221.0241.0451.057322.0843.1653.707423.2445.4856.60 FOR WOMEN (MONTHLY PREMIUM) AGE \$2,000 \$4,000 \$5,000 \$6,000 \$8,000 \$10,000
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6714.3627.7234.40 Plans over \$5,000 are not available to persons 66 years old or older.

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