



Family Expansion Request Form

I am a Primary Member in good standing, and my spouse and I are expanding our family by childbirth or adoption. I would like to request funds from the Family Expansion program from the Heartland Alliance of America.

Member's Name _____

Address _____

City _____ State _____ Zip _____

Member's ID # _____ Phone number () _____

Signature _____ Today's Date _____

Please attach a copy of the birth certificate or adoption certificate to your completed request form. Funds are available for family expansion due to birth or adoption by the Primary Heartland Member and his/her spouse, not by other members of the family. A member in good standing for 12 consecutive months is eligible for **\$1,000**. A member in good standing for 24 consecutive months is eligible for **\$2,000**. A member in good standing for 36 consecutive months or more is eligible for a maximum of **\$3,000**. Congratulations on the new addition to your family!

Send completed request form and copy of birth/adoption certificate to:
Heartland Alliance of America, 16476 Wild Horse Creek Road, Chesterfield, MO 63017
 1-800-992-8044



Crisis Fund Request Form

As a Member in good standing, I would like to request assistance from the Heartland Alliance of America Crisis Fund. (Please attach a copy of any documentation regarding this crisis and give a brief description of the crisis below:)

Member's Name _____

Address _____

City _____ State _____ Zip _____

Member's ID # _____ Phone number () _____

Signature _____ Date _____

Note: To be eligible, you must have been a Heartland Member in good standing for at least 12 consecutive months. Funds are limited and available for certain situations.

Send completed request form and copy of supporting documentation to:
Heartland Alliance of America, 16476 Wild Horse Creek Road, Chesterfield, MO 63017
 1-800-992-8044

HEARTLAND ALLIANCE OF AMERICA IS AN ASSOCIATION—NOT INSURANCE

All programs not available in all states. Heartland complies with all Federal and State Regulations. Services are provided by a registered discount medical provider organization (DMPO) where required.