Rebekah Assembly of Arizona Eye Care/I Care Program Application and Requirement



The Rebekah Assembly of Arizona has established a program to assist a Rebekah member with the financial burden for required eye care from a doctor for examination, prescription glasses and/or eye medicine, etc. not otherwise covered by Insurance.

Requirement for assistance: Must be a Sister or Brother of a Rebekah Lodge for one (1) year and be in good standing, attested by the Lodge Secretary. Applicant must provide a receipt or estimate of cost from the eye doctor for examination, prescription glasses, and/or required medication. The Assembly may reimburse the out-of-pocket cost of eye care not to exceed \$400.00. If approved the applicant cannot request additional assistance for a minimum of 2 years. The application must be approved by the Assembly Committee. The completed application and receipts or estimates from the eye doctor must be submitted to the Assembly Secretary:

Dee Long Assembly Secretary 604 E. Ironwood Dr. Buckeye, Arizona 85326 Phone 623-980-9541

Арр	ication
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Name	Date
Address	Home Lodge
	Length of Membership
Phone	Amount Requested

I certify I have read the requirement listed above and the information provided is correct.

Signature Applicant	Signature Lodge Secretary
	Rebekah Assembly
Date Received by Secretary	Date Reviewed by Committee
Approved/Denied	Amount Approved
Reason for Denial	

Committee Chairman