



**North Carolina Association of Rescue  
and  
Emergency Medical Services, Inc.**

P.O. Box 1914

Goldsboro, North Carolina 27533-1914

Telephone: 919/736-0506

Fax: 919/736-7759

E-mail: [ncarems@ncarems.org](mailto:ncarems@ncarems.org)

Web site: [www.ncarems.org](http://www.ncarems.org)

**Benevolent Brotherhood**

Pursuant to action taken by the Board of Directors of the North Carolina Association of Rescue and Emergency Medical Services, Inc. (NCAREMS), there is established a Benevolent Brotherhood Fund to be known as "The North Carolina Association of Rescue and Emergency Medical Services Benevolent Brotherhood."

The purpose of the Benevolent Brotherhood is to render financial aid to the beneficiary and immediate family of any member, who at the time of his/her death, is in good standing as a member of the Benevolent Brotherhood.

Membership in the NCAREMS Benevolent Brotherhood shall be available to all present members and/or officers of rescue squads that are affiliated with or subsidiaries of the NCAREMS. To be a member of the Benevolent Brotherhood, a member of a department must first be a member of the NCAREMS.

Applicants for membership in the Benevolent Brotherhood shall be in good health. No payment will be made for a death resulting from a pre-existing condition, which commences within two years of application date. (A pre-existing condition is one that was diagnosed or treated by a doctor within five years prior to the application date.) Deaths by suicide will also not be paid unless the deceased has been a member of the Brotherhood for a minimum period of two years. A member must join before their sixty-fifth (65) birthday.

Upon receipt of proof of death (Death Certificate) of a member of this Benevolent Brotherhood the Executive Director-Treasurer shall pay, as soon as it is practical, to the beneficiary/ies designated by the deceased member, the amounts as specified in these bylaws. If more than one beneficiary is listed the benefit will be divided evenly among the beneficiaries. If no beneficiary is on file the benefit will be paid to the estate. The Benevolent Brotherhood pays benefits as provided for in ARTICLE VIII in the Benevolent Brotherhood Bylaws. Please refer to the website for a complete copy of the Benevolent Brotherhood Bylaws.

5,000 members .....	\$ 4,000.00
6,000 members.....	\$ 5,000.00
7,000 members.....	\$ 6,000.00
8,000 members.....	\$ 7,000.00
9,000 members.....	\$ 8,000.00
10,000 members.....	\$ 9,000.00
11,000 members.....	\$10,000.00

The Benevolent Brotherhood shall furnish an Association flag for the graveside services or for the family, when requested by the deceased member's family.

**Benefit \$4,500.00** (as of 07-01-2020)

**Please contact the office immediately when a death occurs.**

**NCAREMS Benevolent Brotherhood Fees**

NCAREMS Membership Fee (Annually)	\$16.00 per member
NCAREMS Benevolent Brotherhood Initial Membership Fee (One Time)	\$4.00 per member
Total Fees	\$20.00 per member

Upon the death of a member of the benevolent brotherhood all members of the brotherhood will be assessed \$1.00

Operating Assessments can also be assessed to cover operating expenses at \$1.00 per assessment.

Individual (not on department Brotherhood) pay in advance \$30.00 initial and with each bill.



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## **Benevolent Brotherhood Application & Beneficiary Form**

\_\_\_ **New Application Department Member**

\_\_\_ **New Application Individual Member (Please include \$30 Advance Payment)**

\_\_\_ **Change of Beneficiary**

Department Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip Code

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name of Beneficiary: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address (Beneficiary) City State Zip Code

Email (Beneficiary): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Printed Name (Applicant)

\_\_\_\_\_  
Signature of Applicant / Date

\_\_\_\_\_  
Printed Name (Chief if Dept. Member)

\_\_\_\_\_  
Signature of Chief / Date

**Fax or Email Signed Copy to the Office**