



**Knights of Columbus**  
**Acknowledgement of Accidental Death Benefit**  
**and Daily Mass for all Deceased Members and Spouses**

Member Name: \_\_\_\_\_ Membership Number \_\_\_\_\_

Signing this form acknowledges your recognition of an accidental death benefit provided to you as a member of the Knights of Columbus and the subsequent loss of such benefit should you decide to drop your membership in the organization.

Your current benefit is \$\_\_\_\_\_. Spouse benefit is \$\_\_\_\_\_.  
(Council Financial Secretary shall determine amount of benefit which is based on years of service and age. You may also refer to brochure #2773 "Knights of Columbus Member Benefits" for additional information and a list of other fraternal benefits).

Also, this letter acknowledges that you are aware that Holy Mass is celebrated each day at St Mary's Church in New Haven, Ct. for all deceased Brother Knights and their spouses. You will no longer be included in this memorial Mass for deceased members once you have dropped your membership in the Order.

Both the accidental death insurance benefit and daily Mass at St Mary's Church are provided to you as a current dues paying member of the Order. However, we hope that there are several activities and programs that you and your family can and will be involved in with the local council. God has blessed each of us with special graces and talents. He asks only that we share these gifts.

If you decide to drop your membership, we request your written acknowledgment that the benefits shown above shall become null and void after such date that this transaction is recorded at the Supreme Council Office in New Haven, CT.

The amount of dues you currently owe is: \_\_\_\_\_. Payment in full will continue your membership and benefits through \_\_\_\_\_.  
Month and year

**Acknowledgement of Loss of Benefit:**

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_