



WCU FINANCIAL

ESTABLISHED IN 1877
FAITH | STRENGTH | SECURITY

Western Catholic Union
A Fraternal Benefit Society
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NURSING HOME AUTHORIZATION

POLICY INFORMATION

Owner: _____ Certificate # _____

Joint Owner (if applicable): _____

Annuitant (if other than owner): _____

NURSING HOME RESIDENT'S AUTHORIZATION

I authorize Western Catholic Union to obtain information from the nursing home listed below regarding my health care/health care provider.

Signature: _____ Date: _____

TO BE COMPLETED BY NURSING HOME REPRESENTATIVE

Name of Nursing Home: _____

Address of Nursing Home: _____

Name of Resident: _____ Date of Admission: _____

Please choose below which description best fits your facility:

It is Medicare approved as a provider of skilled nursing care services

OR

It meets all the requirements below:

- It is licensed as a nursing home by the state in which it is located;
- It's main function is to provide skilled, intermediate or custodial nursing care;
- It is engaged in providing continuous room and board accommodations to 3 or more persons;
- It is under the supervision of a RN or LPN;
- It maintains a daily medical record of each patient; and
- It maintains control and records for all medications dispensed.

Authorized Signature: _____ Date: _____

Printed Name: _____ Date: _____

Phone #: _____