

## **BLOOD ASSISTANCE**

The Blood Assistance Program is a VFW Program. While we do not any longer have a set fee for this program, Auxiliaries are encouraged to donate to the VFW Assistance Programs to help offset some of the costs to continue to cover the Ladies Auxiliary members under this program. Donations can be sent to the VFW State Headquarters, 1510 J Street, Suite 110, Sacramento CA 95814. Be sure to earmark your donation for the Assistance Program. You never know when one of your members may need this service.

### **BLOOD ASSISTANCE (AS TAKEN FROM THE VFW PROGRAM BOOK)**

This Program should not be considered an insurance carrier or company. The VFW Blood Assistance Program has been revised to make certain that members of the Posts will be able to obtain a reimbursement for blood costs that are **not** covered by any private insurance carrier. To find out where you can donate, visit [www.givelife.org](http://www.givelife.org) or call 1-800-GIVE-LIFE (1-800-448-3543).

### **COVERAGE**

All members in good standing and their immediate family members residing in the VFW Member's home are eligible to receive the cost equivalent of a total of ten (10) pints of blood in each fiscal year (July 1 through June 30)

### **BENEFIT**

The equivalent cost of up to ten (10) pints of blood that has been used, due to illness or accident, not covered by any other health, accident or blood replacement insurance.

### **BLOOD REPLACEMENT GENERAL INFORMATION**

Complete a Blood Assistance Request for Reimbursement (Form-1b). All information required is to be furnished, or the request will be returned to sender for compliance. A final hospital or blood bank bill or statement, or copy of send, showing the amount of blood used, not covered by other insurance or paid for by other means **MUST** accompany the request. A letter from the insurance carrier must also be submitted, to show that insurance does not cover the replacement. All requests must be signed by the Post Commander or Quartermaster, or Auxiliary President or Treasurer, whichever applies, confirming year and date dues were paid by person for which blood replacement is being requested. There is a limit of ten (10) pints per year to any recipient. This includes the payment of processing fee (1 for 1, 2 for 1 or 3 for 1) of blood used.

Blood replacements will not be used for paying bills (any type) except where blood is used, I.E., shots for blood disorder.

### **PROCESSING FEES**

Processing fees will be paid in cash when the blood bank or hospital issuing the blood will not accept blood as a replacement. Processing fees must be shown on the hospital bill or blood bank bill as such and will show if blood replacement is 1 for 1, 2 for 1 or 3 for 1, payment to hospital or blood bank only. VFW will only pay the processing fee to a maximum of ten (10) pints of blood.

### **CLAIMS**

No claims over six-months old will be acted upon.

**Should you or a member of your immediate family need blood assistance, contact the VFW Department of California or the Ladies Auxiliary VFW, Department of California.**