QUARTERLY LOCAL RELIEF PAID

ASSOCIATION _____ NO. _____

QUARTER ENDING Mar 31 Jun 30 Sep 30 Dec 31 ☐ NO RELIEF TO REPORT

PLEASE CIRCLE FILING DATE

CO #	LINE #	NAME	STATUS		LOCAL	SPECIAL	SUPPLE-MENTAL	TOTAL
			ACTIVE	WIDOW / WIDOWER	$	Y/N	$	AMOUNT $