

## Disability Exemption Guidelines

At the Supreme Council meeting held in Chicago, Illinois, Aug. 5-6-7, 1986, Section 118(e) of the Order's Laws was amended to read as follows:

(e) Any member who is disabled by bodily injuries or disease and is thereby prevented from engaging in any occupation or employment for remuneration or profit and shall have been so prevented for a period of no less than six consecutive months may, on due request in writing to the Supreme Council and upon certification by evidence satisfactory to the Supreme Council of such disability, be relieved from the payment of all council dues and Supreme and state per capita taxes as of the date of approval of said request and any suspension of such member for non-payment of such dues and tax shall cease as of the date of such approval.

Application for relief under Section 118(e) shall be made as follows:

1. The Application, Form 1831, shall be completed by the member and attested to by the grand knight and financial secretary.
2. The application shall be submitted to the Supreme Secretary with one of the following as evidence of total disability:
  - Certification from Health and Human Services, or
  - Certification from Internal Revenue Service, or
  - Certification from Veterans' Administration, or
  - Certification from attending physician.
3. The application and supporting evidence shall be considered by a committee comprised of the Supreme Secretary, Supreme Advocate and Supreme Physician. Their decision may be appealed to the Board of Directors by the applicant only.
4. If the application is approved, dues and per capita shall be waived until the following Dec. 31.
5. Application for renewal of relief under Section 118(e) shall be as follows:
  - a. The Supreme Secretary shall provide each council with a list of its members shown on Supreme Council records as exempt from payment of dues and per capita taxes as of Oct. 1 of each year;
  - b. The grand knight and financial secretary shall certify to each member's continuing disability by signing the form;
  - c. The financial secretary shall forward the renewal to the Supreme Secretary;
  - d. Upon receipt of the properly completed form by the Supreme Secretary, he shall continue the dues and per capita waiver under Section 118(e);
  - e. If the grand knight and financial secretary fail to certify the continuing disability of any member within the 90-day period, the waiver of dues and per capita charges shall terminate.
6. Where an application for relief under Section 118(e) is filed on a member duly qualified for recognition as an honorary life member, the Supreme Secretary shall record said application under Section 118(d).
7. Membership that is continued under the provisions of Section 118(e) shall be construed as active membership in computing the membership requirement for recognition as honorary or honorary life membership.
8. Approval of an application for relief under Section 118(e) does not have any affect on waiver of insurance contributions on an insurance certificate held by the member.

**APPLICATION FOR RELIEF FROM PAYMENT  
OF COUNCIL DUES AND SUPREME AND  
STATE COUNCIL PER CAPITA TAXES**

I hereby certify that I, \_\_\_\_\_, \_\_\_\_\_,  
Name Address

\_\_\_\_\_, am a member in good standing of Council No. \_\_\_\_\_  
and that I am totally disabled and hereby request that I be relieved of payment of all  
council dues and Supreme and state council per capita taxes under Section 118(e) of  
the Laws of the Order. In support of this request, I submit one of the following as  
evidence of my total disability:

- ( ) Certification from Health and Human Services, or
- ( ) Certification from Internal Revenue Service, or
- ( ) Certification from Veterans' Administration, or
- ( ) Certification from attending physician.

Dated \_\_\_\_\_  
Member Signature

**CERTIFICATION OF COUNCIL**

Council No. \_\_\_\_\_

Location \_\_\_\_\_

This is to certify that \_\_\_\_\_, \_\_\_\_\_,  
Name Membership Number

is a member in good standing in this council and that he has presented evidence of total  
disability that warrants consideration for relief from payment of all council dues and  
Supreme and state council per capita taxes, under Section 118(e).

Attest: \_\_\_\_\_  
Financial Secretary Grand Knight

Dated \_\_\_\_\_

(affix council seal here)

**INSTRUCTIONS TO FINANCIAL SECRETARY:** Forward completed form with applicant  
and officer signatures and accompanying proof of disability to: *Knights of Columbus,*  
*Department of Membership Records, 1 Columbus Plaza, New Haven CT 06510-3326.*

**NOTICE:** Approval of this application for dues consideration does not have any effect on the waiver of insurance  
contributions on an insurance certificate held by the member.