



BURIAL ASSISTANCE APPLICATION

Deceased

Name _____

Full Name

Address _____

Street Address / P.O. Box / Apartment #

City State Zip Code

SSN _____ Date of Birth _____ Date of Death _____ Age at Death _____

ORIGINAL/VOTING SHAREHOLDER or DESCENDANT _____

List lineage to Original Shareholder

Funeral Home

Name _____

Name

Address _____

Street Address / P.O. Box

City State Zip Code

Phone Number _____ Fax Number _____ Email _____

Applicant

Name _____

Full Name

Address _____

Street Address / P.O. Box / Apartment #

City State Zip Code

Phone Number _____ Fax Number _____ Email _____

Relationship to Deceased _____

Signature _____

Date _____

Reimbursement made payable to: Funeral Home Applicant

Proof the **deceased was an original enrollee or a descendant of an original enrollee of The Aleut Corporation and a death certificate must be received before** this application can be processed. If payment is not made directly to a funeral home, applicants can be reimbursed up to \$4,120.00 for funeral expenses upon receipt or invoice of funeral expenses.

For Aleut Use Only:
Deceased was: Original Voting Descendant
Date Application was received: _____
Authorization: _____
Date: _____

BURIAL ASSISTANCE POLICY

1. PROGRAM GUIDELINES & ELIGIBILITY

To ease the financial burden in times of grief, Aleut provides a burial assistance program. Funding for burial assistance is available to eligible shareholders and descendants of The Aleut Corporation. To be eligible, the deceased must have been an original enrollee, a voting shareholder, or a descendant of an original enrollee or voting shareholder. There are no income or residency requirements. Aleut can provide an amount not to exceed \$4,120 for approved burial expenses.

2. APPLICATION PROCESS

- A. The burial assistance application must be received within twelve (12) months of death. The application shall be on the form provided by Aleut. Aleut will process complete applications as soon as they are received.
- B. A document or letter serving as verification of death shall accompany the burial assistance application. Examples include a photocopy of the Death Certificate, a copy of the working Death Certificate, or a letter from a funeral home that verifies the death.
- C. Upon approval of the application and verification of eligibility, Aleut will disperse funds as follows, up to a maximum of \$4,120 total, in order of priority:
 1. If the listed funeral home has any unpaid balance, Aleut will pay them directly. Aleut may contact the funeral home for any required invoices or documentation.
 2. Out-of-pocket expenses related to the funeral may be reimbursed. To receive a reimbursement, the applicant must submit an itemized statement of expenses with original receipts. Upon approval, reimbursement will be made to the individual(s) who paid the expenses.

Expenses eligible for reimbursement, in order of priority:

 - i. Payments made to a funeral home related to the funeral or burial.
 - ii. Transportation of the deceased to their final resting place.
 - iii. Supplies & labor for preparation of the funeral and final resting place.
 - iv. Transportation costs for family members to attend the funeral service.
 - v. Other expenses related to the funeral service, such as preparation of food, eulogies, and invitations.

RELATIVES OF DECEASED

Please complete the form as accurately and thoroughly as possible.
Include the names of all deceased family members and dates of death.

Name of Deceased:	_____
Your Name:	_____
Your Telephone Number:	_____
Your Address:	_____
Your Relationship to Deceased:	_____
Surviving Spouse's Name	_____
If yes, Marriage date:	_____
Address & Phone:	_____

1. Children of Deceased (list all natural children, including children from previous marriage(s); also list any children that may be deceased, and include the date of death).

<u>Name</u>	<u>Address</u>	<u>Age* or Date of Death</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If a minor list guardian or person with whom minor is living.

2. Children adopted by the Deceased. (List all children who were *legally* or *culturally* adopted by the Deceased. Also list age, if living, or date of death.) or N/A

<u>Name</u>	<u>Address</u>	<u>Age or Date of Death</u>
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_____	_____	_____
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3. If any of the above-listed deceased children (natural or adopted) left children, please list their names, addresses, ages, and legal guardians if applicable. Also, please specify who their parents were.

<u>Name</u>	<u>Address</u>	<u>Age or Date of Death</u>
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_____	_____	_____
_____	_____	_____

Please answer the questions on side two.

4. Children adopted out (List all of the Deceased's natural children who were legally adopted out. Please include date of adoption).

5. Parents of Deceased. (Please list age, if living, or date of death).

Name Address Age or Date of Death

6. Brothers and Sisters of Deceased. (Please list age, if living, or date of death).

Name Address Age or Date of Death

7. (Please complete only if the deceased did not leave a spouse, children or parents.) If any of the Deceased's brothers and sisters are deceased but had children, list those children.

Name Address Age or Date of Death

8. Did the Deceased leave an *Aleut Corporation Testamentary Disposition (stock will)*?

YES NO

9. Did the Deceased leave a *formal will*?

YES NO

If the deceased executed any type of will, please provide us with a copy when returning this form.

Your Signature _____ Date _____

