ALEUT

# BURIAL ASSISTANCE APPLICATION

## Deceased

Name _____
*Full Name*

Address _____
*Street Address / P.O. Box / Apartment #*

_____
*City* *State* *Zip Code*

_____
*Social Security Number* *Date of Birth* *Age at Death* *Date of Death*

◯ ORIGINAL/VOTING SHAREHOLDER ◯ DESCENDANT _____
*List descendant's lineage to Original Shareholder*

## Funeral Home

Name _____
*Name*

Address _____
*Street Address / P.O. Box*

_____
*City* *State* *Zip Code*

_____
*Phone Number* *Fax Number* *Email Address*

## Applicant

Name _____
*Full Name*

Address _____
*Street Address / P.O. Box / Apartment #*

_____
*City* *State* *Zip Code*

_____
*Phone Number* *Fax Number* *Email Address*

**Relationship to Deceased** _____ **Amount Requested $**_____

**Signature** _____ **Date** _____

**Reimbursement made payable to** ◯ **Funeral Home** ◯ **Applicant**

We must receive proof that the deceased was an original shareholder of The Aleut Corporation or a lineal descendant, along with verification of death, before processing this application. If payment is not made directly to a funeral home, applicant may be reimbursed up to $4,182.00 for eligible funeral expenses as outlined in the Burial Assistance Policy. *Before an estate can be settled, we require the RELATIVES OF DECEASED form, filled out as completely as possible.*

*For The Aleut Corporation Use Only*
*Date Application Received* _____ *Deceased was* ◯ *Original Shareholder* ◯ *Voting Shareholder* ◯ *Descendant*
*Authorized By* _____ *Date* _____ *Amount Authorized $*_____

ALEUTCORP.COM
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# 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 $4,182 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 $4,182 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).

| Name | Address | Age* or Date of Death |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**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

| Name | Address | Age or Date of Death |
|---|---|---|
| | | |
| | | |

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.

| Name | Address | Age or Date of Death |
|---|---|---|
| | | |
| | | |
| | | |

*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 _____