

Burial Assistance Program



Purpose and Description

To help defray the cost of funeral expenses and other costs associated with the death of a relative, effective April 1, 2017, Koniag will provide a burial assistance program for the families of deceased voting Shareholders who pass away on or after April 1, 2017 and have a Will on file with Koniag. Koniag will provide up to \$1,000 toward the funeral expenses of deceased voting Koniag Shareholders.

Eligibility Criteria

1. Burial Assistance is available for funeral expenses of deceased voting Koniag Shareholders **who pass away on or after April 1, 2017**.
2. Burial Assistance is provided for the funeral expenses of **voting Koniag Shareholders**. Voting Koniag Shareholders is defined as: Koniag Shareholders who are Native and Koniag Shareholders who are descendants of a Native.
 - a. The categories of eligible applicants set out in 1 above include (i) an adoptee of a Native or a descendant of a Native whose adoption occurred prior to majority and is recognized at law or in equity, and (ii) an adoptee whose adoption occurred after the age of majority, but only if that adoptee is both a Native and a voting Shareholder.
3. The **deceased must have a Will on file with Koniag**. Koniag Stock Will or General Wills qualify.

Application Process

1. Applications will be accepted from the surviving spouse or the relative responsible for making arrangements.
2. Application for burial assistance must be applied for within 6 months of the eligible voting Koniag Shareholder's death.
3. A copy of the eligible Shareholder's death certificate or a letter from the funeral home shall accompany the application for assistance. No funds will be issued until the death certificate or letter is received.
4. A complete application form must be submitted. Incomplete applications will not be processed for payment.
 - Complete the Deceased Shareholder Information section of the form.
 - Complete the Funeral Home section of the form only if you are requesting funds be mailed directly to the funeral home.
 - Complete the Applicant section of the form.
 - Sign and date the form.
5. If you are requesting reimbursement of expenses, you must attach itemized receipts showing costs associated with the final expenses of the deceased voting Shareholders. Expenses eligible for reimbursement in priority order, include:
 - Transportation costs associated with the deceased final resting place.
 - Supplies for preparation of final resting. For example, head stone, casket, wood for casket, cross, labor associated with the construction of a cross or casket, labor or preparation of the final resting place, and clothing for final resting.
 - Food and facility costs for the wake or memorial service.
 - Transportation costs for family members to travel to the community of the final resting place.
6. If you are requesting Koniag pay a funeral home, Koniag will contact the funeral home directly for an invoice. Upon receipt of the funeral home invoice, funds will be sent to the funeral home.
7. All items listed above must be mailed, emailed or delivered in person to:

Koniag, Inc.
Attn: Shareholder Services
3800 Centerpoint Drive, Anchorage, AK 99503 *or*
194 Alimaq Drive, Kodiak, AK 99615

Email: shareholderinfo@koniag.com
Phone: (907) 561-2668 / (800) 658-3818
Fax: (907) 562-5258 / (907) 486-3325

Koniag Burial Assistance Application Form

Deceased Shareholder's Information

Name	_____		
Last	First	Middle	

Voting Shareholder ID Number	Date of Birth	Date of Death	Age at Death

Address	_____		
Street Address/PO Box	City	State	Zip

Funeral Home

Name	_____		
Name of Funeral Home			
Point of Contact	_____		
Name of Individual to Contact at Funeral Home			
Address	_____		
Street Address/PO Box	City	State	Zip

Email Address	Phone Number		

Applicant

Name	_____		
Last	First	Middle	

Relationship to Deceased	Applicant's Social Security Number		

Address	_____		
Street Address/PO Box	City	State	Zip

Email Address	Phone Number		

Check One			
<input type="checkbox"/>	I am requesting a reimbursement (attach copies of itemized receipts)		
<input type="checkbox"/>	I am requesting payment be mailed directly to the funeral home (Koniag will request a copy of the funeral invoice directly from the funeral home)		

Authorization

The following must be received before the burial assistance application will be processed:

- A complete and signed Burial Assistance Application Form
- Copy of the Death Certificate or letter from the Funeral Home
- Copies of itemized receipts (if requesting a reimbursement)

If I am requesting payment directly to the funeral home, by signing this application I am authorizing Koniag to contact the funeral home directly to receive a copy of the funeral receipt and authorize Koniag to provide a copy of this form to the funeral home if necessary. I certify that everything contained in this application is true, accurate, complete and current, and no material has been omitted.

Applicant's Signature

Date