

Burial Assistance Program Guidelines



Purpose and Description

To help defray the cost of funeral expenses and other costs associated with the death of a relative, burial assistance is provided for the families of deceased voting Shareholders who pass away 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**.
2. Burial Assistance is provided for the funeral expenses of **voting Koniag Shareholders**. Voting Koniag Shareholders are defined as: A person who owns Koniag stock who is Alaska Native or a descendant of an Alaska Native.
 - a. The categories of eligible applicants set out in 1 above include (i) an adoptee of an Alaska Native or a descendant of an Alaska 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 Alaska Native and a voting Shareholder.
3. The **deceased 18 years or older, must have a Will on file with Koniag before date of death**. Koniag Stock Will or General Wills qualify. The deceased 17 years or younger, who is Alaska Native or a descendant of an Alaska Native, automatically 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 Shareholder. 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. Receipts are need for Koniag to pay a funeral home. Upon receipt of the funeral home invoice, funds will be sent directly to the funeral home.
7. All items listed above must be mailed, emailed or delivered in person to:

DELIVER, MAIL, FAX OR EMAIL FORM

Shareholder Records
3800 Centerpoint Drive, Ste 502
Anchorage, AK 99503
P: 907-561-2668 or toll free: 800-658-3818
F: 907-562-5258
E: shareholderrecords@koniag.com

Shareholder Records
194 Alimaq Drive
Kodiak, AK 99615
P: 907-486-2530 or toll free: 800-658-3818
F: 907-486-3325
E: shareholderrecords@koniag.com

Burial Assistance Application



DECEASED SHAREHOLDER'S INFORMATION

Name	_____	_____	_____
	First	Middle	Last

	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	_____	_____	_____
	First	Middle	Last

	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 or funeral home invoice)		
	<input type="checkbox"/> I am requesting payment be mailed directly to the funeral home (attach funeral home invoice)		

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 (up to \$1,000)

If I am requesting payment directly to the funeral home, by signing this application I am authorizing Koniag to contact the funeral home to receive a copy of the funeral receipt and I 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