## Intestate Burial Assistance Program Guidelines



## Purpose and Description

The Koniag Shareholder Settlement Trust administers the Burial Assistance Program to help defray the cost of funeral expenses and other costs associated with the death of a relative. Intestate burial assistance of up to \$1,500 will be provided for the families of deceased voting Shareholders who pass away without a Will on file upon completing the application process within 180 days.

## **Eligibility Criteria**

- 1. Intestate Burial Assistance is available for funeral expenses of deceased **voting** Koniag Shareholders who do not have a will on file.
- 2. 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 family of the deceased has made every effort to locate a Will.

## **Application Process**

- 1. Applications will be accepted from the surviving spouse or the relative responsible for making arrangements, subject to Koniag's discretion.
- 2. Application for burial assistance must be applied for within 180 days of the eligible Koniag Shareholder's death.
- 3. Reimbursement will only be issued if the following is received within 180 days of the Shareholders death notification.
  - □ A copy of the death certificate.
  - □ A valid ANCSA Questionnaire for Right to Receive Stock.
  - □ Any legal documents needed to prove lineal descent of heirs to the deceased Shareholder.
  - □ A completed Intestate Burial Assistance Application by providing the following:
    - i. Complete the Deceased Shareholder Information section of the form.
    - ii. Complete the Applicant Information section of the form.
    - iii. Attach itemized receipts showing costs associated with the burial expenses of the deceased voting Shareholder. Expenses eligible for reimbursement in priority order, include:
      - 1. Funeral home expenses.
      - 2. Transportation costs associated with the decedent's final resting place.
      - 3. 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.
      - 4. Food and facility costs for the wake or memorial service.
      - 5. Transportation costs for family members to travel to the community of the final resting place.
    - iv. Sign and date the form.
- 4. All items listed above must be mailed, emailed, faxed or delivered in person to:

# DELIVER, MAIL, FAX OR EMAIL FORMShareholder RecordsShareholder Records3800 Centerpoint Drive, Ste 502Anchorage, AK 99503P: 907-561-2668 or toll free: 800-658-3818F: 907-562-5258F: 907-562-5258E: shareholderrecords@koniag.comE: shareholderrecords@koniag.com

# Koniag

## **Intestate Burial Assistance Application**

## DECEASED SHAREHOLDER'S INFORMATION

Jame First	Middle		Last
Voting Shareholder ID Number (if known)	Date of Birth	Date of Death	Age at Death
ddress			
Street Address/PO Box	City	State	Zip
ame of Funeral Home:			
ddress			
Street Address/PO Box	City	State	Zip
uneral Home Point of Contact:			
Email Address			Phone Number

#### **APPLICANT INFORMATION**

ime	) (° 1 11			
First	Middle		Last	
Relationship to Deceased	Applicant's Social Security Number			
ldress				
Street Address/PO Box	City	State	Zip	
Email Address		Phone Number		
leck One				
I am requesting a reimbursemer	t (attach copies of itemized receip	ots)		

□ I am requesting payment be mailed directly to the funeral home (attach funeral home invoice)

## AUTHORIZATION

The following must be received within 180 days of death notification before the burial assistance application can be processed:

- □ A complete and signed Burial Assistance Application Form.
- □ Copies of itemized receipts (up to \$1,500).
- □ A copy of the deceased Shareholders death certificate.
- □ A valid ANCSA Questionnaire for Right to Receive Stock.
- □ Any legal documents need to prove lineal descent of heirs to the deceased Shareholder.

By signing this application, I am authorizing Koniag to contact the funeral home to receive a copy of the funeral receipt or death certificate 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