# 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 \$2,500 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 FORM

Shareholder Records

3800 Centerpoint Drive, Ste 700

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**: 907-562-5258

E: shareholderrecords@koniag.com



# Intestate Burial Assistance Application

#### **DECEASED SHAREHOLDER'S INFORMATION**

Name				
runic	First	Middle		Last
	Voting Shareholder ID Number (if known)	Date of Birth	Date of Death	Age at Death
Addres	s s			
iddics	Street Address/PO Box	City	State	Zip
Name o	of Funeral Home:			
Addres	Street Address/PO Box	City	State	Zip
		·		
Funera	l Home Point of Contact:			
	Email Address			Phone Number
	A	APPLICANT INFOR	MATION	
Name				
vanie	First	Middle		Last
	Relationship to Deceased		Applicant's Social Secu	urity Number
Δddros	s			
Addres	Street Address/PO Box	City	State	Zip
	Email Address		Phone Numl	ber
Check (	One			
CHECK	<ul><li>I am requesting a reimbursement (at:</li></ul>	tach copies of itemized r	eceipts)	
	☐ I am requesting payment be mailed of	lirectly to the funeral ho	me (attach funeral home in	voice)
		AUTHORIZATI	ON	
The foll	lowing must be received within 180 days of A complete and signed Burial Assistance		e the burial assistance appl	ication can be processed:
_	Copies of itemized receipts (up to \$1,500)			
	A copy of the deceased Shareholders dea			
	A valid ANCSA Questionnaire for Right			
	Any legal documents need to prove linea	l descent of heirs to the	deceased Shareholder.	
By sign	ing this application, I am authorizing Ko	niag to contact the fune	ral home to receive a copy	of the funeral receipt or dea
-	ate and I authorize Koniag to provide a cop	_	= -	
this app	plication is true, accurate, complete, and cu	rrent, and no material ha	ns been omitted.	
Applies	nt's Signatura			nto.
whhiicai	nt's Signature		Da	itt

Last Saved: 9/11/2023