

Funeral Benefit Form

Under a policy adopted by the Shee Atiká Board, Shee Atiká will make a payment of up to **\$2,000** as a result of the death of a Class A Shareholder. Please be aware that some or all of this benefit may be subject to federal income tax. This amount will be reported under the deceased's social security number on a Form 1099. The payment is subject to the following.

1. This form must be signed by the next of kin or the court appointed personal representative.
2. This form must be accompanied by a **certified copy of the death certificate**. (If it is not yet available, please contact the office to make other arrangements.)
3. The claim for a funeral benefit must be made within six months after the death of a shareholder.
4. Payment will not be made to a beneficiary, family member or to the estate. It will be made only to pay bills incurred in connection with a shareholder's death, a funeral home for example.
5. Designate the organization you want to receive payment.

Name, address and phone # of the funeral home or other supplier:

6. **Attach a copy of the invoice you have received from the supplier named in part 5.**
7. Shee Atiká reserves the right to question the reasonableness of any payment requested. Shee Atiká reserves the right to make full or partial payments, or to deny payments in its sole discretion.

CERTIFICATION

I _____ hereby apply for the funeral benefit offered by Shee Atiká on behalf of _____ under the terms recited above.
(Deceased Class A Shareholder)

Dated this _____ day of _____, 20_____.

Signature of Next of Kin or Personal Representative

(Name and Address of Personal Representative)

FOR OFFICE USE ONLY:

Benefit Paid \$ _____

Deceased Shareholder SS# _____

Shee Atika Representative Signature

Date