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The Aleut Foundation
703 W. Tudor Road, Suite 102 | Anchorage, Alaska 99503
Phone 907.646.1929 | Fax 907.646.1949
taf@thealeutfoundation.org | www.thealeutfoundation.org

Burial Assistance Policy

PURPOSE: In order to promote the welfare of an original enrollee of The Aleut Corporation, burial assistance will be provided to the families of deceased original enrollees or deceased descendants of original enrollees.

POLICY: The Aleut Foundation will provide an amount not to exceed \$2,500 towards final expenses of deceased original enrollees, deceased voting shareholders, deceased descendants or original enrollees or voting shareholders of The Aleut Corporation.

PROCEDURES:

1. Application for burial assistance must be applied for within 6 months of qualified enrollee, shareholder or descendants death. Application shall be on the form provided by The Aleut Foundation. The Aleut Foundation will endeavor to process the application with 3 business days.
2. Certified death certificate shall accompany application for assistance. No funds will be issued until receipt of death certificate.
3. Upon approval of application and verification of eligibility, The Aleut Foundation will disperse funds as follows:
 - a. If application lists a funeral home, The Aleut Foundation will contact them for an invoice. Upon receipt of invoice from funeral home, funds will be sent directly to the funeral home.
 - b. If a funeral home is not listed, applicant may request reimbursement of final expenses up to an amount not to exceed \$2,500. Applicant must submit an itemized statement of expenses with **original receipts**. Upon approval, reimbursement will be made for amount of submitted receipts to the person who actually paid for expenses.
 - c. **Expenses eligible for reimbursement in priority order:**
 1. Transportation costs associated with deceased final resting place.
 2. Supplies for preparation of final resting i.e., wood for casket and cross, labor associated with construction of casket and cross, labor for preparation of final resting place, clothing for final resting.
 3. Transportation costs for family members to travel to community of final resting place.
 4. Other expenses related to burial services.



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Burial Assistance Application

Deceased

Name

Last First Middle Initial

Address

Street Address / P.O. Box / Apartment #

City State Zip Code

SSN Date of Birth Date of Death Age at Death

Funeral Home

Name

Name

Address

Street Address / P.O. Box

City State Zip Code

Phone Number Fax Number Email

Applicant

Name

Last First

Address

Street Address / P.O. Box / Apartment #

City State Zip Code

Phone Number Fax Number Email

Relationship to Deceased _____

Signature _____ Date _____

Reimbursement made payable to (circle) **Funeral Home** **Applicant**

Proof the **deceased was an original enrollee or a descendant of an original enrollee of The Aleut Corporation and a death certificate must be received before** this application can be processed. If payment is not made directly to a funeral home, applicant can be reimbursed up to \$2500.00 for funeral expenses upon receipt or invoice of funeral expenses.

For The Aleut Foundation use Only:

Deceased is (circle) Original Enrollee Descendant
Date Application was received: _____
Authorization: _____ Date: _____