

Death & Burial Assistance Benefit Guidelines



Purpose and Description

Leisnoi, Inc., Shareholder Services Department administers the Shareholders' Death & Burial Assistance Benefits. Leisnoi will provide up to \$2,000 to families of an Original Leisnoi Shareholder who has passed away ("decedent"). These funds are to aid families in the cost of funeral expenses and other costs associated with the death of a relative.

Eligibility Criteria

1. Burial Assistance is currently only available to Original Leisnoi Shareholders who have passed away on or after January 1, 2024. Burial Assistance shall include all related funeral expenses of the decedent approved by the Shareholder Services Department.
2. Decedent must be a **"voting" Shareholder of Leisnoi** - a voting shareholder is defined as a person who owns Leisnoi stock and is an Alaska Native or a descendant of an Alaska Native.
3. Decedent is 18 years or older and has a Will on file with Leisnoi before the date of death. A Stock Will and/or General Will both qualify.
4. **Shareholders who** do not have a Stock or General Will on file, may qualify if the following conditions are met: An intestate estate is completed within 90 days of the decedent's death. Including all documentation is obtained and provided in a timely manner.

Application Process

1. Applications will be accepted from a surviving spouse, relative or person/company responsible for making the funeral arrangements.
2. Applications for burial assistance must be received within six (6) months of the decedent's death.
3. A copy of the decedent'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.
 - Provide all receipts, invoices, and documentation to support reimbursement.
 - 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:
 - 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.
 - Transportation costs associated with the final resting place of the deceased.
 - 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. Upon receipt of the funeral home invoice, funds will be sent directly to the funeral home.
7. Upon receipt(s) of documented and approved costs, funds will be sent to spouse, relative or person/company who has applied for benefits under the Death/Burial Assistance program.
8. All items listed above must be mailed, emailed or delivered in person to:

DELIVER, MAIL, FAX OR EMAIL FORM

Shareholder Records Department
101 W. Benson Blvd., Ste 202
Anchorage, AK 99503
P: 907-222-6900 **F:** 907-222-6955
E: Info@leisnoi.com

Death & Burial Assistance Application



DECEASED SHAREHOLDER'S INFORMATION

Name	_____		
First	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 Death & Burial Assistance Application Form
- Copy of the Death Certificate or letter from the Funeral Home
- Copies of itemized receipts/invoices

By signing this application I am authorizing Leisnoi to contact the funeral home to receive a copy of the funeral receipt and/or death certificate and I authorize Leisnoi 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	_____
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