



# CALISTA EDUCATION AND CULTURE, INC.

5015 Business Park Blvd., Ste 3000, Anchorage, Alaska 99503 PH (907) 275-2800 FX (907) 275-2936

## BURIAL ASSISTANCE PROGRAM POLICY AND PROCEDURES

**The Calista Education and Culture, Inc. (CEC) Burial Assistance Program is funded by donations and fundraising through CEC. CEC is an Alaska non-profit corporation, recognized by the IRS as a 501(c)(3) charitable organization and donors are eligible to receive tax deductible status on donations and gifts to CEC. The CEC Burial Assistance Program is subject to the availability of funding.**

### Purpose

To provide assistance to immediate family members (mother, father, brother, sister, son or daughter) or a spouse making arrangements for the final resting place of a **deceased Calista Corporation original voting shareholder or descendant of an original shareholder.**

### Policy

The CEC Burial Assistance Program may provide a one-time amount not to exceed \$500 to be used towards funeral home, transportation, or other related funeral expenses, of a **deceased Calista Corporation original voting shareholder or descendant of an original shareholder.**

### Procedures

1. Applicant must be an immediate family member (mother, father, brother, sister, son or daughter) or a spouse of the **deceased Calista Corporation original voting shareholder or descendant of an original shareholder** to be considered eligible to apply for Burial Assistance. If the deceased has no surviving immediate family members or spouse, a letter of confirmation must be provided, and will be reviewed on a case by case basis.
2. Applicant must complete and submit the following within 60 days after the date of death:
  - a) Burial Assistance Application
  - b) Death certificate **or** letter from a medical facility/funeral home with the name of the deceased and date of death
  - c) Invoice from the funeral home **or** the applicant's receipts of the funeral service expensesAll applications must be complete in order to be processed. Incomplete applications will not be processed and rejected after the 60 day time period. The Burial Assistance Program is based on availability of funds.
3. If the Burial Assistance application is approved by CEC in its sole and absolute discretion, CEC will disperse funds as follows:
  - a) Directly to the funeral home, if the applicant requests the funding up to an amount not to exceed \$500 to be dispersed to the funeral home **and** an invoice from the funeral home is included with the application;
  - b) If the applicant does not list the funeral home, the applicant may request reimbursement for funeral service expenses up to an amount not to exceed \$500. The applicant must submit an itemized statement of expenses with original receipts and must be the person who actually paid the expenses. Receipts considered for reimbursement may include and are in priority order:
    1. Transportation costs for the deceased to the final resting place;
    2. Transportation costs for immediate family members (mother, father, sister, brother, son, daughter) or spouse to attend funeral services for the deceased; **and**
    3. Other expenses related to the funeral service, may include: food for the funeral service, casket or clothing for the deceased, flower arrangements for the funeral service, clergy fees and final resting place fees.



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## BURIAL ASSISTANCE PROGRAM APPLICATION

Applicant must be an immediate family member (mother, father, brother, sister, son or daughter) or a spouse of a **deceased Calista Corporation original voting shareholder or descendant of an original shareholder** to be considered eligible to apply for Burial Assistance. The Burial Assistance Program may provide a one-time amount not to exceed \$500 to be used towards the funeral home, transportation, or other related funeral service expenses. The Burial Assistance application, documentation demonstrating proof of death, and a funeral home invoice or applicant's receipts must be submitted within 60 days after the date of death in order for an application to be considered complete.

If approved, request payment be made to (**circle one**):      Funeral Home      Applicant

Applicant relation to deceased (**circle one**):      Mother    Father    Brother    Sister    Son    Daughter    Spouse

APPLICANT					
FIRST NAME	LAST NAME			EMAIL	
ADDRESS	CITY	STATE	ZIP	PHONE	FAX
DECEASED					
FIRST NAME	MI	LAST NAME		BIRTHDATE	
ADDRESS		CITY	STATE	ZIP	DATE OF DEATH
SHAREHOLDER INFORMATION					
Descendants – Attach a Copy of All Required Birth Certificates					
FATHER NAME	BIRTHDATE	GRANDFATHER NAME	BIRTHDATE	GREAT-GRANDFATHER NAME	BIRTHDATE
MOTHER NAME	BIRTHDATE	GRANDMOTHER NAME	BIRTHDATE	GREAT-GRANDMOTHER NAME	BIRTHDATE
FUNERAL HOME					
FUNERAL HOME NAME				EMAIL	
ADDRESS	CITY	STATE	ZIP	PHONE	FAX

I understand and agree to all of the following:

- I certify that all the information provided in this application is true and correct. Any false information shall be grounds for immediate rejection of application.
- I am an immediate family member (mother, father, brother, sister, son or daughter) or a spouse of the deceased.
- I verify the deceased is a Calista Corporation original voting shareholder or descendant of an original shareholder.
- I understand the Burial Assistance Application must be submitted within 60 days of the date of death and the application must be complete in order to be considered. Incomplete applications will not be processed and rejected after the 60 day time period.
- I authorize CEC to communicate with any person or entity as necessary as part of its review of this application.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

CEC Use Only:

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Contacted

\_\_\_\_\_  
Signature Authorization for Payment

\_\_\_\_\_  
Date