

**Native Village of Port Lions
Port Lions Traditional Tribal Council**

MEMBERSHIP DEATH BENEFIT

PURPOSE:

To assist enrolled members of the Native Village of Port Lions, in the event of their demise.

REQUIREMENTS:

- 1) Completed Membership Death Benefit Request Form.
- 2) Proof of Decedents Enrollment with the Native Village of Port Lions.
- 3) Copy of Enrolled members Death Certificate.

PROCESS OF FUNDING:

Upon the receipt of a complete request form, and all required documents a **\$300.00** death benefit will be paid directly to the funeral home of the family's choice or to the Legal Executor/Executrix of the Deceased members Estate.

If you elect to have the check made payable to the Executor/Executrix you **must provide documentation of person named Executor/Executrix.**

NOTE: THE DEATH BENEFIT IS SUBJECT TO AVAILABILITY OF FUNDS

Native Village of Port Lions
**MEMBERSHIP DEATH BENEFIT
REQUEST FORM**

| | |
|-----------------------------------|--|
| Name of Person requesting Benefit | |
| Street #, or P.O. Box # | |
| City, State, Zip | |
| Phone Number | |

DECEASED MEMBER INFORMATION

| | |
|-----------------------------|--|
| Full Legal Name of Deceased | |
| Enrollment Number | |
| Date of Birth | |
| Date of Death | |
| City/State of Resting Place | |

PAYEE INFORMATION

| | |
|-------------------------|--|
| Name of Mortuary | |
| Street #, or P.O. Box # | |
| City, State, Zip | |
| Phone Number | |

| | |
|-------------------------|--|
| Executor/Executrix Name | |
| Street #, or P.O. Box # | |
| City, State, Zip | |
| Phone Number | |

I certify that the information I have provided is true and accurate to the best of my knowledge and, if I have intentionally falsified any information, any benefits may be rescinded.

Signature of Person requesting Benefit

Date

REQUIRED DOCUMENTS

- | | |
|------------------------------------|--------------------------|
| Proof of Enrollment | <input type="checkbox"/> |
| Copy of Death Certificate | <input type="checkbox"/> |
| Proof of Executor/Executrix | <input type="checkbox"/> |