



Funeral Assistance Overview & Application

Paġalagivsi -

Ukpeagvik Inupiat Corporation (UIC) is committed to supporting its shareholders and communities. Our funeral assistance program supports the traditional Inupiat values of compassion, cooperation, and love and respect for one another. It is designed to help shareholders and their families cover some of the funeral and travel expenses in the event of losing a loved one.

Coordination

It is expected that the immediate family of the deceased will select one individual to serve as the main point of contact for coordination between the family of the deceased and UIC.

Funeral Expenses

1. The maximum amount of assistance will be no more than \$2,500 for funeral expenses (not including travel).
2. The amount will be paid directly to the funeral services provider.

Travel Assistance

1. UIC will provide two (2) roundtrip airfare tickets (in-state), and one (1) roundtrip airfare ticket (out-of-state), for immediate family members of the deceased.

Vehicle Usage from UIC Car Rental

1. UIC will provide use of a pickup for funeral associated purposes, i.e. grave digging, taking casket to and from the site, escorting family. A W-9 shall be completed also.

Eligibility & Definitions

1. Applicant must be an **immediate family member** of the deceased.
An immediate family member is defined as one's natural or adopted spouse, parent, grandparent, child, grandchild, or sibling.
2. Applicant or deceased must be an Ukpeagvik Inupiat Corporation (UIC) shareholder.
(Shareholder status will be verified by the UIC Stock Dept.)

If you meet the qualifications defined above, you may continue the application process.
If you do not meet the qualifications, you must discontinue this application.

How to Apply

1. Complete the "Funeral Assistance Application" (Pages 3-5)
2. Attach supporting documents.
3. Attach a completed and signed [Form W-9](#)
4. Submit the request to UIC Corporate Stock Dept. in-person, or by email or fax:
In-Person: 1250 Agvik Street, Barrow, AK
Email: Stock@UICAlaska.com
Fax: (907) 852-4459

What to Expect

Applications are reviewed in the order they are received. It may take up to five (5) business days to process your application, please be patient during the waiting period. When your application is approved, we will call you. We ask that you do not call to check on the status of your application.

Funeral Assistance Application

Please answer all of the questions, failure to do so will result in delayed processing or denial.

What type of assistance are you applying for? Funeral Expenses Travel Assistance

Funeral assistance covers expenses such as purchasing the casket, shipping, and other funeral home expenses.

*Travel assistance provides roundtrip airfare for **immediate family members** (as defined above).*

To be considered for funeral and/or travel assistance, please describe your needs:

Designated Family Representative Information

This person will work directly with UIC to coordinate the funeral assistance process. Please provide a good contact phone number so that we can communicate directly with you.

Full Legal Name	
Maiden Name	
Relationship to Deceased	
Date of Birth	
Social Security No.	
Mailing Address	
Physical Address	
Mobile Phone #	
Other Phone #	
E-Mail Address	
Regional Corporation	
Village Corporation	
Tribal Affiliation	

Information of the Deceased

Full Legal Name	
Maiden Name	
Date of Death	
Address, City, State, Zip	
Regional Corporation	
Village Corporation	
Tribal Affiliation	

Funeral Services Provider Information

Funeral Home	
Address, City, State, Zip	
Contact Person	
Direct Phone #	
Other Information	

In-State Travel Assistance (Maximum 2 people)

TRAVELER 1

Full Legal Name	
Date of Birth	
Gender	
Airline Mileage No.	
Main Phone #	
Departure City	
Departure Date	
Return Date	
Main Phone #	
E-Mail Address	

Relationship to Deceased: Spouse Parent Grandparent Child
 Grandchild Sibling

TRAVELER 2

Full Legal Name	
Relationship to Deceased	
Date of Birth	
Gender	
Airline Mileage No.	
Main Phone #	
Departure City	
Departure Date	
Return Date	
Main Phone #	
E-Mail Address	

Relationship to Deceased: Spouse Parent Grandparent Child
 Grandchild Sibling

Out-of-State Travel Assistance (Maximum 1 person)

Traveler Information

Full Legal Name	
Relationship to Deceased	
Date of Birth	
Gender	
Airline Mileage No.	
Main Phone #	
Departure City	
Departure Date	
Return Date	
Main Phone #	
E-Mail Address	

Relationship to Deceased: Spouse Parent Grandparent Child
 Grandchild Sibling

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