

SENECA - CAYUGA NATION

Benefits Department
Phone: 918-791-6025

PO Box 453220
Fax: 918-786-9245

Grove, OK 74345
Email: benefits@sctribe.com

Bereavement Fund Applications **Claim Must be Filed Within 6 Months of Death**

Please Print

Date

Name of the Deceased

Date of Death

Place of Burial

Name of Family Member or Representative

Address

City

State

Zip

Phone Number

Cell Number

Work Number

Email Address

Total Amount of Final Expenses: \$ _____

To Be Paid to: _____

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have provided on this form. I agree to notify the Seneca-Cayuga Benefits Department of any changes in the above information.

PERMISSION FOR RELEASE OF INFORMATION

I, the undersigned tribal member do hereby give my permission for the release of vendor information to the Seneca Cayuga Nations Benefit Department.

This shall include, but not be limited to landlord payments, landlord leases, dental, vision, optical receipts, utility vendors, and any other documents submitted.

Any tribal member found to be defrauding the Seneca Cayuga Nation Benefit Program will be suspended indefinitely

Signature of Family Member or Representative

Relationship

Date

Please Include the Following with Your Claim

- Tribal Membership Card
- Completed Bereavement Fund Application, Signed by the Appropriate Person and Dated
- Funeral Home Invoice/Statement Showing the Amount of the Final Expenses
- W-9 Tax Form from the Service Provider
- Official Notice of Death, Such as:
 - State Certified Death Certificate or
 - Copy of the Published Obituary