



## **BOIS FORTE BAND OF CHIPPEWA BURIAL FUND PROGRAM**

### **BURIAL FUND HISTORY:**

The Burial Fund established by the Bois Forte Tribal Government in December of 2005, was designed to pay funeral expenses for Bois Forte Band Members.

### **PURPOSE:**

The Fund was established to provide financial assistance toward funeral costs to assure a dignified burial for the deceased and assistance to the family in a time of need.

### **WHO IS ELIGIBLE FOR BOIS FORTE BURIAL FUND?**

Deceased enrolled members of the Bois Forte Band of Chippewa, or a deceased child who is eligible for enrollment into the Bois Forte Band who dies prior to completing the enrollment process.

### **MAXIMUM BENEFIT:**

The Bois Forte Burial Fund will pay directly to the funeral home of choice, a maximum of \$5,000.00 for funeral related costs. The family or representative of the deceased is responsible for any costs over \$5,000.00.

### **WHAT SERVICES ARE COVERED BY THE FUND?**

Funeral Home Services and Expenses offered by the identified funeral home with costs as establish by the funeral homes General Price List (GPL) to include:

- ◆ Funeral Home Director Services
- ◆ Initial removal of the deceased to the funeral home
- ◆ Funeral arrangements
- ◆ Filing necessary authorizations and permits
- ◆ Recording vital statistics
- ◆ Preparation and placement of obituary notices
- ◆ Embalming
- ◆ Preparation and care of the deceased (dressing, restorative work, cosmetics, casketing)
- ◆ Provision of the funeral coach/van if requested for the funeral service
- ◆ Conduction of the funeral service/ visitation
- ◆ Choice of registration book (guest book)
- ◆ Choice of memorial folders
- ◆ Choice of thank you cards

- ◆ Choice of casket
- ◆ Temporary metal graveside marker at the cemetery
- ◆ Cremation services and choice of urn
- ◆ Transportation of the deceased from another city or state is an allowable cost with the understanding that this cost is included in the \$5,000.00 budget limit.

**Casket:**

The family or deceased shall have a choice of caskets. The combination of funeral service expenses and casket covered is \$5000.00. Any casket chosen above this amount, must be paid by family. The funeral home may have available such options as a special casket or caskets that would be appropriate for Ojibwe tradition; Either by casket panels (i.e., eagle insert, dream catcher, etc.), or Pendleton blanket interior parts.

**Headstone Expense:**

Should the family select a casket and services less than \$5,000.00, the balance may be applied towards the purchase of a cemetery headstone or marker. Any combined selection of funeral services and headstone expenses that exceed \$5000.00, will be the responsibility of the deceased's family.

**HOW DO I APPLY FOR ASSISTANCE WHEN A MEMBER DIES?**

The appointed representative or designated family member of the deceased should contact the Bois Forte Enrollment Officer located at the Bois Forte Tribal Government office in Nett Lake, Minnesota, phone number (218) 757-3261 or 1-800-221-8129. In the event there is not an appointed representative or family member, the next of kin will be accepted to act as the deceased's representative in the matter of the Bois Forte Burial Fund.

**WHAT INFORMATION IS NEEDED TO ESTABLISH ELIGIBILITY FOR THE DECEASED?**

The following information is required:

- ◆ Name of the deceased
- ◆ Date of the death
- ◆ Enrollment number, if known or date of birth
- ◆ Birth Certificate or paternity statement (for non-enrolled children)
- ◆ Name of funeral home
- ◆ Name and phone number or contact person for the deceased

**WHAT DOCUMENTS ARE NEEDED FOR FUNERAL COSTS TO BE PAID?**

The following documents need to be submitted for payment to occur:

- ◆ An application to the Burial Fund (provided by the enrollment office)
- ◆ Copy of the death certificate
- ◆ Itemized invoice from funeral home, and itemized invoice for the headstone.

## **WHO IS THE DESIGNATED REPRESENTATIVE?**

The designated representative of the deceased is the person who is named in a living will, health care directive, or person making the funeral arrangements.

## **TO WHOM IS THE PAYMENT IS MADE?**

The cost of the funeral expenses, casket and other related costs, shall be paid directly to the chosen funeral home within 30 days, upon the Tribal Council's receipt of an itemized billing statement. Headstone expense will be paid directly to the monument firm within 30 days after the receipt of an itemized billing statement.

## **WHAT IF THERE IS OTHER EXPENSES RELATED TO THE FUNERAL?**

To be eligible the applicant must be immediate family and be enrolled member of the Bois Forte Band of Chippewa. There will be only one stipend issued per family of the deceased. The maximum amount of funeral related expenses received from the Bois Forte Tribal Government funeral program cannot exceed \$500.00 per family.

After the deceased's representative or next of kin notifies and fills out an application with the Enrollment Officer, the Tribal Government shall make available a stipend in the amount of \$500.00. The stipend is intended to assist the family with expenses for food, travel, lodging, clothing and other miscellaneous expenses. Such stipend shall be paid by check to the designated representative. Food expenses are considered taxable and the person to whom that check is made payable needs to provide his/her social security number.

## **SPIRITUAL ADVISER OR CLERGY STIPEND**

A \$250.00 clergy or spiritual advisor stipend shall be made payable directly to the clergy or spiritual advisor. If a spiritual advisor has an assistant, the assistant may be paid \$125.00. *All other expenses incurred shall be the responsibility of the family.*

The following funeral home services are allowable expenses under the Bois Forte Burial Fund Policy:

- Funeral Director fees
- Funeral Arrangement by Funeral Director
- Conducting of the funeral ceremony
- Filing of necessary authorizations, permits, recording of vital statistics, and the preparation and placement of obituary notices, (*this does not include newspaper printing cost*)
- Embalming and other care; dressing, casketing, and any restorative work or cosmetics
- Cremation service or Traditional Service
- Initial removal of remains to funeral home from residence or care facility *or* transportation or remains from another city or state to the Bois Forte Reservation
- Funeral coach or funeral van if requested at the funeral service
- Visitation at the Bois Forte Reservation the evening prior to the funeral or tribal rites
- Registration book (guest book)
- Memorial folders
- Acknowledgement cards (thank you cards)
- Temporary metal gravesite marker
- Choice of casket

Services not covered by the Bois Forte Burial Fund Policy:

- Any cash advance items; see below for examples...
- Obituaries (*cost to print obituary in newspapers of choice*)
- Flowers
- Certified death certificates
- Hired soloists and/or musicians
- Grave opening and closing

The individual Band member's burial fund shall not be transferable to any other person for his/hers burial expense. Unused portions may not be transferable or paid to family or the representative of the deceased.

The Bois Forte Band of Chippewa assumes no liability for any costs related to an individual's funeral or burial in excess of the benefits provided by this policy.

The Bois Forte Tribal Government may, at its sole discretion and without further notice to Band members, amend or terminate the burial fund program if is deemed to be harmful to the Band's financial condition or for any other reason.

This fund is not retroactive prior to December 27, 2005.

All claims must be filed within 60 days.

Please sign and date below indicating that you have fully read the Bois Forte Burial Fund Policy and fully understand its terms and that you are in full agreement of all that it entails.

\_\_\_\_\_  
*Signature of Representative*

\_\_\_\_\_  
*Date*



# BOIS FORTE BURIAL FUND POLICY

## APPLICATION FOR FUNERAL HOME EXPENSES:

Name of Deceased: \_\_\_\_\_

Maiden or other names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_  
(or proof of eligibility for enrollment attached)

Date of death: \_\_\_\_\_

Hospital or Funeral Home verification must be received  
by the Enrollment Officer at the time of this application.

Representative of Deceased: \_\_\_\_\_

Are you the personal representative of the deceased's estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy of the will or other documents appointing you.

If no, are you the next of kin? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what's your relationship to the deceased? \_\_\_\_\_

If no, who is the next of kin? \_\_\_\_\_

Address of Representative: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_

Funeral Home Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date processed by Enrollment Officer: \_\_\_\_\_ Signed : \_\_\_\_\_



## BOIS FORTE BURIAL FUND POLICY

### APPLICATION FOR SPIRITUAL ADVISOR OR CLERGY STIPEND:

Name of deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_  
(verification of death occurrence must be attached).

Enrollment Number: \_\_\_\_\_  
(or proof of enrollment attached).

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Representative of Deceased: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Check will be made payable to Spiritual Advisor or Clergy:

Name of Spiritual Advisor or Clergy: \_\_\_\_\_

Address: \_\_\_\_\_

Processed by Enrollment Clerk:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## BOIS FORTE BURIAL FUND POLICY

### APPLICATION FOR MISCELLANEOUS EXPENSES:

Name: \_\_\_\_\_

Enrollment # : \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name of deceased: \_\_\_\_\_

Bois Forte Enrollment #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_  
(verification of death occurrence must be attached).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Processed by Enrollment Clerk:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_