

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 Application

If the deceased is going to be buried at the Bassett Grove Cemetery, please call William Tarrant for coordination.

Claim Must be Filed Within 6 Months of Death

Please Print

Date			
_____			_____
Name of the Deceased			Roll Number
_____		_____	
Date of Death		Place of Burial	

Name of Family Member or Representative			
_____		_____	
Address		City	State
_____		_____	_____
_____		_____	_____
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