



**Choggiung Limited**  
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## Bereavement Benefit Request

Choggiung Limited will provide payment of up to \$500 to the family of a deceased shareholder to assist with funeral expenses. Requests will be processed as soon as possible, but may take up to 5 business days for payment to be provided.

**Benefit eligibility requirements:**

- The deceased must be a current shareholder of Choggiung Ltd.
- The person applying for the benefit must be the one of the following, in order:  
*(When necessary, verification documents will be requested in order to process.)*
  1. Executor/Power of Attorney
  2. Spouse
  3. Child
  4. Parent
  5. Sibling

**Payment is subject to the following:**

1. The request for payment of funeral expenses must be made within 60 days after the death of a shareholder.
2. The payment will be paid directly to a business or person for funeral related expenses.
3. Choggiung reserves the right to question the reasonableness of any payment request, and reserves the right to make full or partial payments, or to deny any payments in its sole discretion.

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

Birth Date: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

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

Payable to: \_\_\_\_\_

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

Payable for: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

By my signature below, I certify that the funds received are to help pay for funeral related expenses.

Signature: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

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

DATE: \_\_\_\_\_

**FOR STAFF USE ONLY:**

Benefit Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Paid to: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_