

BURIAL / FUNERAL ASSISTANCE PROGRAM

Individual Enrollment Form

1 - Classification of Membership (check one):

SILVER

 GOLD

 PLATINUM

2 - Member Information

Full Name (as it appears in legal documents):
 Last 4 digit of SSN:
 Country of origin:
 Date & place of birth (Day-month-year):
 Gender: Male Female
 Street address: Apt#.....
 City: / State: / Zip code: /Country:
 Mailing address: Apt#.....
 City: / State: / Zip code: /Country:
 E-mail:
 Phone number:
 Marital Status: Married Single Divorced Widow (er)
 Child (children)? Yes No **(Note: our discounted Family joining option covers you, your wife and 3 minor kids)**

3 - Claimant(s)

(1) Full name:
 Street address:
 Phone:
 E-mail:
 Relationship to you:

 (2) Full name:
 Street address:
 Phone:
 E-mail:
 Relationship to you:
(Note: claimant #2 can proceed only if claimant #1 is not available)

4 - Immigrant Status and Identification (check one)

Citizen Permanent Resident Working Permit Non-immigrant worker International Student
 Undocumented immigrant Other (specify):
 Date of First entry to USA: Date of last trip out of USA:

 US Passport – No: Expiration date:
 Permanent resident card – No: Expiration date:
 State DL or ID No: Expiration date:
 Working permit No: Expiration date:
 Other (specify):

5 - Statement of Health

Note: Each applicant must check YES or NO for all the questions. A "Yes" answer does not automatically disqualify you.

1)- Do you have any terminal disease? Yes No

2)- Any Advanced-stage illness? Yes No

3)- In the past 2 years, for any condition, have you been admitted to or confined in a hospital, nursing home, extended care or special treatment facility..... Yes No

4)- Any other chronic sickness? Yes No

6 - Subsidiary information

Contact persons in country of origin:

#1- Full name: Relationship to you:
 Phone: Town/Country:

#2- Full name: Relationship to you:
 Phone: Town/Country:

(Note: can be completed anytime. Not mandatory to Africans by marriage, adoption or born in the U.S.A)

Preferred Place of Burial (optional):

Repatriation of Corpse in country of origin in case of death? (Optional) Yes No

7 - About Life Insurance

We educate our members on the necessity, the importance of Life Insurance and all its related financial benefits. The Burial/Funeral Assistance Program we offer is not intended to replace, discontinue, or change any existing Life Insurance. However, both are complementary.

Do you have Life Insurance? Yes No

8 - Payment options (choose one)

Bill me later

I'll send my first payment now by:

Personal check Cashier check

Money Order SIGMA website

9 - Read and sign below

I understand that the coverage is effective on the date of issuance of the certificate, provided my annual membership contribution is received within 30 days of such coverage date. The membership contribution for assistance does not mean that coverage begins before the effective date. If information and facts here have been misstated, benefits will be denied when death occurs. I understand that I can make corrections and updates on my file once a year, after payment of my membership contributions.

I agree that I am a SIGMA-International member, and that, to the best of my knowledge, the information on this form are true and complete.

Note: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or presents false information in an application for assistance is guilty of a crime and may be subject to legal lawsuit by S.I.G.M.A-I Inc.

I understand that in case of death of a member out of USA, no claim will be paid until appropriate verifications and researches. SIGMA-international Inc. reserves the right to use all means to conduct detailed investigations.

Name: Signature Date.....

Website: www.sigma-i.org, E-mail: info@sigma-i.org // Tel: 1 800 722 3887 // P.O.Box 2446 Alief, Tx 77411-2446

Administration use only

Date of receipt:	By:	Observation:	Page..... of

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