



BURIAL / FUNERAL ASSISTANCE PROGRAM

Family Joining Form

NB: The Platinum membership offers to families a great discounted option; the spouses and up to 3 children, aged from 0 to 20 years.

1 – Spouse information (Head of house hold)

Full Name (as it appears in legal documents):

Last 4 digit of SSN:

Country of origin:

Date & place of birth (mm/dd/yyyy):

Gender: Male Female

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):

2 - Spouse information

Full Name (as it appears in legal documents):

Last 4 digit of SSN:

Country of origin:

Date & place of birth (mm/dd/yyyy):

Gender: Male Female

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):

3 - Address and contact

Street address: Apt#.....

City: / State: / Zip code: /Country:

Mailing address: Apt#.....

City: / State: / Zip code: /Country:

E-mail:

Phone(s) number(s):

4 - Child # 1 information

Full Name (as it appears in legal documents):

Last 4 digit of SSN:

Date & place of birth (mm/dd/yyyy):

Gender: Male Female

Student? Yes, specify academic level:

No Other (specify):

5 - Child # 2 information

Full Name (as it appears in legal documents):

Last 4 digit of SSN:

Date & place of birth (mm/dd/yyyy):

Gender: Male Female

Student? Yes, specify academic level:

No Other (specify):

6 - Child # 3 information

Full Name (as it appears in legal documents):

Last 4 digit of SSN:

Date & place of birth (mm/dd/yyyy):

Gender: Male Female

Student? Yes, specify academic level:

No Other (specify):

7 - Statement of Health

Note: Check YES or NO for all the questions. A "Yes" answer does not automatically disqualify the applicant. Specify if any of the following statements applies to anyone in this application.

(1)- Any terminal disease? Yes No If yes, specify:

(2)- Any Advanced-stage illness? Yes No If yes, specify:

(3)- In the past 2 years, for any condition, anyone has been admitted to or confined in a hospital, nursing home, extended care or special treatment facility? Yes No If yes, specify:

(4)- Any other chronic sickness? Yes No If yes, specify:

8 - 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 U.S.A

Preferred Place of Burial (optional):

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

9 - 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.
 Does anyone in this application have Life Insurance? Yes No

10 - Payment options (choose one)

Bill us later
 We pay now by:
 Personal check Cashier check
 Money Order SIGMA website

11 - Claimant(s). **Note:** each individual listed in this plan is a beneficiary. List other beneficiaries.

(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

12 - Read and sign below (head of house hold only)

On behalf of my family, i understand that the coverage is effective on the date of issuance of the certificate, provided our 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. I understand that I can make corrections and updates in our file once a year, after payment of our annual membership contributions.
 I agree that we are SIGMA-International members, 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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