



BURIAL / FUNERAL ASSISTANCE PROGRAM

Claim Form

Note: claim to be submitted within 30 days after occurrence of death. The cash benefit is intended solely for burial/funeral activities.

1 - Membership information

Membership Certificate Number: BAP – CM #.....
Date of issuance of the certificate (mm/dd/yyyy):
 The original of membership certificate is attached (Required)

2 - Deceased member information

Full name:
Last four digit of SSN:
Date & place of birth (mm/dd/yyyy):
Date of death (mm/dd/yyyy):
Place of death (mm/dd/yyyy):
Place of burial:
 An original certified death certificate showing cause and manner of death is attached. (Required)

3 - Claimant information

In what capacity are you claiming the death benefit?
 Spouse of decedent
 Beneficiary (individual)
 Executor, administrator, or personal representative - Include court certificate of appointment
 On behalf of minor child, as attorney-in-fact or as custodian or guardian - Include appropriate documentation
 Foreign Beneficiary – Must include all the appropriate IRS forms. Contact your CPA if possible
 Other - (If former spouse, include copy of the divorce decree and settlement agreement.)

3 - Claimant contact information

Full name:

Date of birth (mm/dd/yyyy):

Social Security Number (Full):

Tax Id Number (if any):

Street Address:

Mailing address:

Telephone:

E-mail address:

Relationship to deceased:

4 - Settlement options (select only one option)

Lump sum settlement

Payment of the balance after settlement of the following items:

- Administrative procedure and paperwork
- Negotiations with the mortuary and funeral home
- In case of burial in USA, we negotiate the acquisition of a piece of land
- In case of repatriation of corpse, we process the Air freight modalities

Note: you need more assistance after burial here in USA, or upon arrival in case of repatriation, please contact us for further arrangements. Together, we get rid of your stress.

5 - Fraud notice

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or presents false information in this claim is guilty of a crime and may be subject to legal lawsuits by S.I.G.M.A-International Inc.

6 – Required signatures (choose one option)

(1) - If you are the beneficiary, executor, legal guardian, custodian or attorney-in-fact, sign and date below.

Name:Signature Date.....

(2) - If you are signing on behalf of the beneficiary, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on his behalf:

Power of Attorney Guardian Conservator

Name:Signature Date.....

By signing, you are confirming that you have reviewed the fraud notice. If you do not sign and date this page, the processing of your claim will be delayed.

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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