



## Shareholder Burial Assistance Program

The Ounalashka Corporation's Board of Directors empathizes with families dealing with the final expenses of a loved one that has passed on. To assist our families during this difficult time, the Board created a Burial Assistance Program. The program provides up to \$2,000 to help defray final expenses of a deceased shareholder.

To apply for shareholder burial assistance:

- A Burial Assistance application must be submitted to OC within 6 months of the shareholder's death, and shall be on the form provided by OC.
- A certified death certificate must accompany application for assistance.
- Upon approval of application, OC will forward funds to the Funeral Home listed on application.
- In the event a funeral home is not listed, OC will reimburse the family for final expenses of deceased shareholder up to \$2,000 when timely presented with invoiced expenses
- If shareholder is to be interred in Unalaska and the family needs assistance in building crosses, boxes, coffins or digging the grave, if the OC Maintenance crew has the expertise to do so, it will help. An invoice will be generated for the services provided by OC and billed to OC up to \$2,000.

The application and required documentation should can be submitted to:

Ounalashka Corporation  
400 Salmon Way  
P.O. Box 149  
Unalaska, Alaska 99685-0149  
Phone: 907 581 1276  
Fax: 907 581 1496  
Email: [Info@ounalashka.com](mailto:Info@ounalashka.com)



400 Salmon Way,  
PO Box 149  
Unalaska, Alaska 99685-0145

Phone: 907-581-1276  
Fax: 907-581-1496  
[info@ounalashka.com](mailto:info@ounalashka.com)  
[www.ounalashka.com](http://www.ounalashka.com)

### ***Burial Assistance Application***

Name of deceased Ounalashka Corporation Shareholder: \_\_\_\_\_

Most recent address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Funeral Home address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

A death certificate must be received before this application can be processed. If payment is not made directly to a funeral home, the applicant can be reimbursed for up to \$2,000.00 for funeral expenses upon receipt or invoice of those expenses.