

	NNSD FORM	Doc. No.:	F-NNSD-07
		Revision No.:	00
	APPLICATION FOR BURIAL ASSISTANCE	Effective Date:	January 15, 2021
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Date: _____

MELCHOR S. LICOBEN
General Manager

Sir:

May I request for the release of burial assistance extended to deceased member-consumer. The following are the details of the subject accounts with BENECO:

Account Name (Deceased Member): _____ Members ID No. _____
 Address: _____
 Account Number/s: _____

I am submitting the following documents required by your office to support my claim/application for the said assistance, to wit:

1. Copy of Death Certificate of the deceased member-consumer;
2. Copy of Marriage Contract (if applicant is the surviving spouse);
3. Copy of Birth Certificate (if the beneficiary is one of the children/ parents/ brother/sister);
4. Special Power of Attorney issued by the heirs assigning the applicant to receive the burial assistance (if the beneficiary is one of the children/brother/sister/relative);
5. Affidavit of applicant declaring that he/she is the only child/heir of the deceased member;
6. Approved Application for Change of Account Name (With complete attachments)
7. Photocopy of Valid ID

I certify that the above information is true and correct to the best of my knowledge.

APPLICANT/BENEFICIARY: _____
 (Signature over printed name)
 Contact number of applicant/beneficiary: _____
 Applicant relationship to the deceased member: _____

ACTION TAKEN BY THE CONSUMER WELFARE OFFICE

This is to certify that based on available records/master list of members, the following information appears:

Account Name: _____ Address: _____
 Date of Membership: _____ BENECO ID No. _____
 Account Numbers: _____

I further certify that the above documents submitted satisfies the requirements for the release of burial assistance. Approval of the application/claim is hereby recommended.

Issued by:

Approved by:

 Consumer Welfare and Call Center Associate
 Date: _____

EDISON DE GUZMAN
 Consumer Welfare Officer
 Date: _____