

	<b>NNSD FORM</b>	Doc. No.:	<b>F-NNSD-07</b>
		Revision No.:	00
	<b>APPLICATION FOR BURIAL ASSISTANCE</b>	Effective Date:	July 1, 2023
		Page:	Page 1 of 1

Date: \_\_\_\_\_

**THE 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.

Processed/Evaluated by:

Reviewed by:

\_\_\_\_\_  
Consumer Welfare and Call Center Associate

Date: \_\_\_\_\_

**EDISON DE GUZMAN**

Consumer Welfare Officer Date: \_\_\_\_\_

Approved by :

**FRAISER P. ANGAYEN**

Department Manager, NNSD Date: \_\_\_\_\_