

	NNSD FORM	Doc. No.:	F-NNSD-07
		Revision No.:	00
	APPLICATION FOR BURIAL ASSISTANCE	Effective Date:	February 1, 2025
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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 :

RAMEL B. RIFANI

Department Manager, NNSD Date: _____