



# SUSANVILLE INDIAN RANCHERIA

## BURIAL FUND ORDINANCE

### ORDINANCE NO. 2005-003, Revision G

#### **Section 1. Policy.**

This Ordinance is adopted by the Tribal Business Council, pursuant to its authority granted under the Tribe's Constitution; for the purpose of addressing the unexpected financial need Susanville Indian Rancheria (SIR) families suffer at the time of a family member's death. The SIR desires to provide assistance to SIR families with the costs associated with funerals and burials. The tribe shall reserve funds on an annual basis for the purpose of providing these funds to SIR families.

#### **Section 2. Purpose.**

These reserve funds will provide funeral and/or burial benefits to those SIR families who present requests for assistance. Documentation *MUST* be provided with the application prior to receiving these funds. All funeral homes will be paid directly by the Susanville Indian Rancheria unless these costs (up to a maximum of \$2,800) have already been personally paid by the individual (not insurance). In these cases, the funds will be paid to the individual for repayment. A receipt from the funeral home showing the account has been paid in full is required.

Note: This assistance can only be paid if the burial assistance request has been submitted **within thirty (30) days of payment for allowable charges.**

#### **Section 3. Scope.**

This ordinance will apply to all SIR enrolled members and their families. Any burial assistance request that does not fall within the scope of this ordinance will not be considered.

#### **Section 4. Definitions.**

For the purposes of this Ordinance, the following definitions shall apply:

- 4.1 **Appeals.** No request for burial assistance that exceeds the monetary limit or does not meet the eligibility requirements may be appealed to the Tribal Business Council.

- 4.2 **Burial Benefit or Benefit.** Benefit established by the Tribal Business Council to assist with the costs incurred for funeral services and/or burial costs of tribal members and their non-member minor children, parent (if the tribal member is a minor and the parent is not a tribal member), widows/widowers of deceased tribal members, legally married spouse, and those in a spouse-like relationship. These costs include, but are not limited to, the fees charged by a funeral home, flowers for service, the cost of a burial plot, and/or the costs for a headstone/grave marker.
- 4.3 **Burial Fund or Fund.** The reserve funds established by the Tribal Business Council from which burial benefits are paid.
- 4.4 **Tribal Member.** An enrolled member of the Susanville Indian Rancheria.
- 4.5 **Tribe.** The Susanville Indian Rancheria.

**Section 5. Procedures.**

Any tribal member, spouse, or parent of a tribal member may apply for payment of a burial benefit for any deceased tribal member. Any tribal member may apply for payment of a burial benefit for their deceased legally married spouse, for their deceased minor children, for a deceased parent if the tribal member is a minor and the parent is not a tribal member, or for a deceased parent if they are a widow or widower of a tribal member.

**Section 6. Monetary Limits.**

The maximum amount allowed by the tribe is \$2,800 towards funeral and/or burial costs.

**Section 7. Application Process.**

- 7.1 To obtain payment of a burial benefit, the SIR family requesting assistance must complete the required application form (Burial Assistance Request Form, Exhibit A) and return it to the SIR Tribal Office for processing. Copies of the Burial Assistance Request Form are available in the SIR Tribal Office or on the tribe's website ([www.sir-nsn.gov](http://www.sir-nsn.gov)) under Business Council, Governing Documents.
- 7.2 The SIR Tribal Office will review the burial assistance request for completeness. If the request is incomplete, the request will be returned to the requester to complete the required information. If the request is complete, it will be forwarded to the Tribal Administrator and Fiscal Controller for approval/disapproval. All burial assistance requests must include the following:

- a) Name, address and telephone number of the contact person.
- b) Identification as to who the deceased individual is and the amount requested.
- c) Name, address, and telephone number of designated funeral home.
- d) Date of wake/funeral.
- e) Any other relevant information.

7.3 The Tribal Administrator and Fiscal Controller will approve or disapprove all burial assistance requests based on the policies of this ordinance.

7.4 Once a decision has been made on the burial assistance request, the requester will be notified that their request has been approved or disapproved.

7.5 All approved burial assistance requests will be sent to the Fiscal Department for processing. Payments will be processed on Wednesdays of each week (excluding holidays) and the Tribal Office will mail the check to the designated funeral home/individual.

**Section 8. Effective Date.**

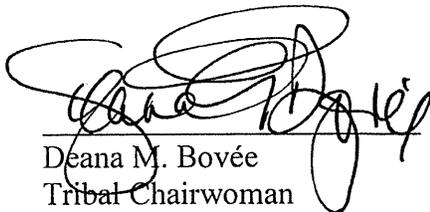
This Ordinance shall be effective August 21, 2018.

**CERTIFICATION**

We hereby certify that the Susanville Indian Rancheria Burial Fund Ordinance was adopted by the Susanville Indian Rancheria Tribal Business Council at a duly called meeting held August 21, 2018 with a vote of 5 for, 1 against, 0 abstain.

ATTEST;

  
\_\_\_\_\_  
Aaron Dixon, Sr.  
Secretary/Treasurer

  
\_\_\_\_\_  
Deana M. Bovée  
Tribal Chairwoman

## Burial Assistance Request Form

Name of Deceased Individual

Enrollment Number

\_\_\_\_\_

\_\_\_\_\_

Amount Requested

Date of Wake / Funeral

\$ \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: ( ) \_\_\_\_\_

\_\_\_\_\_

Designated Funeral Home:

Contact Person: \_\_\_\_\_

Contact Number: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Any other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

For Office Use Only

Enrollment Verified By: \_\_\_\_\_

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

Approved: Yes No Signature of Tribal Administrator: \_\_\_\_\_

Approved: Yes No Signature of Chief Financial Officer: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_ Funding Source: 12-890-6112-6997

Date Check Issued: \_\_\_\_\_ Processed By: \_\_\_\_\_