



MILLE LACS BAND OF OJIBWE BURIAL INSURANCE POLICY

Purpose: The Mille Lacs Band of Ojibwe (MLBO) hereby adopts a self-insured program to specifically assist with payment for burial and/or burial related expenses for its Band members. It is not the intent of this program that it be treated as an insurance policy for the purpose of providing for a deceased Band member's beneficiaries.

The following criteria shall be followed by the Office of Management and Budget (OMB) for all Band members:

1. Eligibility shall be for Mille Band of Ojibwe members only. In instances where the deceased is not a Band Member, but is eligible for enrollment according to the MCT Enrollment Ordinance, payment to assist with funeral and burial expenses shall only be at the discretion of the Band Assembly.
2. A Band member may designate a family member or closest living relative to take responsibility for all arrangements of his/her burial by filling out a "Burial Insurance Designation Form" (form is attached). If a Band member does not designate a specific individual, then the Band member's spouse, children, parents or siblings shall choose a family member amongst themselves to handle the burial arrangements and make such choice known to OMB prior to contacting the funeral home. If a family dispute should arise concerning the appointment of a designated family member payee, the family's Elder shall settle such dispute and make such decision known to OMB before a stipend will be paid.
3. After the designated individual or chosen family member notifies the Band Assembly Office of a Band member's death and, after OMB is notified, OMB shall prepare a family stipend in the amount of \$500.00 payable to the deceased Band member's spouse or family designee as provided in section 2 hereinabove. The purpose of this stipend is to assist the family with expenses such as food, travel, lodging or miscellaneous expenses. Such stipend shall be paid by check as soon as reasonably possible according to OMB's procedure to the deceased Band member's spouse or family designee.
4. The maximum payment for the cost of burial, grave-digging, other related costs, and the family stipend covered under this plan shall be in an amount up to \$7,000.00 for any Band member's burial/funeral expense. This amount shall be paid directly to the funeral home within (30) days and only after OMB's receipt of an itemized billing statement from the funeral home.
5. If a Band member owns a private burial insurance policy for payment of his/her personal burial expense, the Band, at its discretion, may authorize an amount of up to \$2,000.00 to a designated vendor to pay for a headstone or other funeral related expenses.
6. The Band Assembly reserves the right to amend or terminate this burial insurance program at any time as it deems necessary. This program is subject to amendment or termination dependent on the Band's financial condition.
7. If, for any reason, a deceased Band member's funeral expenses do not exceed \$7,000.00, the remaining amount shall remain in the Band's general fund and shall not be payable to any individual beneficiary.

Exhibit A
MILLE LACS BAND OF OJIBWE
BURIAL INSURANCE DESIGNATION FORM

Name: _____

Enrollment Number: _____

Social Security Number: _____

I hereby swear and attest that I am currently an enrolled Band member with the Mille Lacs Band of Ojibwe whose membership number is given above. I have read the Mille Lacs Band of Ojibwe Burial Insurance Policy before signing this Designation Form and understand all the conditions contained therein.

I understand that it my responsibility to sign and return this completed form to the office of Management and Budget (OMB) to be kept in a confidential file. I further understand that if no Burial Insurance Designation form is on file with the Band, my spouse or family designee will make arrangements for my burial and that payment for my burial will be made according to the current burial policy.

I further understand that I have the right to change this form at any time if I wish to designate another individual to act as responsible party to make arrangements for my burial. Any change to this form must be completed in the office of Management & Budget and kept on file in that office.

I, my heirs, assigns or estate agree to hold harmless the Mille Lacs Band of Ojibwe, its officials or any of its employees from any claims arising from the Band's administration of this burial insurance program.

DESIGNATION

I, _____ hereby designate _____
whose relationship to me is _____ and whose address is:
_____ to arrange for my burial and to
receive payment of the burial insurance stipend..

If the above-named individual predeceases me or, is unable to perform the duties
connected to my burial for any reason, I then designate _____ as
my designated individual whose relationship to me is _____ and whose
address is _____ to
make arrangements for my burial and receive payment for the burial insurance stipend.

By signing below, I understand that any burial expenses connected to grave-
digging, casket expense, or miscellaneous expenses owed to the funeral home shall be
paid directly to the vendors.

Signature of Band Member

Signed and sworn before me on this the _____ day of _____,
2013.

Notary Public, State of _____
My commission expires: _____

Notary Public