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Policy
2015-28

Funeral Assistance Benefits

	AUTHORIZED BY	ilmixwəm nal səxw'k'wina?mam Council
	EFFECTIVE DATE	2017-11-15
	DEPARTMENT	Community Services, Membership Services
	REVIEW DUE DATE	2020-11-15

Table of Contents

1.	Policy	3
2.	Purpose.....	3
3.	Scope	3
4.	Definitions	4
5.	Responsibilities.....	4
6.	Monitoring and Reporting	5
7.	Approval	6
8.	References and Related Authorities.....	7
9.	Attachments.....	7



Community. Leadership. Pride.

Policy
2015-28

Funeral Assistance Benefits

Revision History		
Entry ID	398937	Total Number of Pages 11
Date	Revision	Changes
2017-02-27	01	Conversion of Funeral Assistance Policy 112607 approved by Director of Community Services 2017-02-24. GIP 2880 approved and policy drafting commenced.
2017-11-06	02	Approved by Resolution of Council #171106-10 on November 6, 2017.
2017-11-15	02	Approved and signed November 15, 2017 by the Director of Operations.



Community. Leadership. Pride.

Policy
2015-28

Funeral Assistance Benefits

1. Policy

Westbank First Nation/stqa?txw*in'íwt sqilx^w seeks to better the lives of its Members by providing relevant and effective community services and programs. The funeral assistance benefits provided to the surviving family of a deceased Westbank First Nation (WFN) Member will assist the family with costs associated **with the deceased Member's funeral.**

2. Purpose

The purpose of this policy is to assist the surviving family with funeral assistance benefits to help cover the costs associated with the deceased **Member's** funeral.

3. Scope

This policy applies to WFN Members. This policy is a review, update, and revision to Funeral Assistance Policy 112607 approved by Council Resolution #112607-005 and signed by the Director of Operations on November 26, 2007, and supersedes Funeral Assistance Policy 112607.

Personal Representatives can apply for funeral assistance benefits (the Benefits) on behalf of the Deceased. In the event that there is a lack of clarity regarding the identify of the Personal Representative, the financial subsidy under Section 3.b)i. of this policy will be made payable to the estate of the Deceased.

a) Eligibility to Apply

The Deceased must be a WFN Member in order for the Personal Representative to be eligible for Benefits.

b) Benefits and Limits

i. Financial Subsidy

The maximum amount of the financial subsidy is three thousand five hundred Canadian dollars (\$3,500.00 CDN) to assist with the costs of, but not limited to:

- 1) Funeral service (including food, facility rental, musician fees, etc.),
- 2) Casket or other vessel,
- 3) Cremation, if applicable,
- 4) Headstone or other marker,
- 5) Permits,
- 6) Death Certificate,

Funeral Assistance Benefits

- 7) Flowers,
 - 8) Obituaries; and
 - 9) Travel costs.
- ii. In-Kind Services
- The following In-Kind Services can be provided at no cost to the Personal Representative upon request:
- 1) Pine Box (outer casing),
 - 2) Obtaining pitch post,
 - 3) Preparation of pitch post,
 - 4) Moving of chairs and tables,
 - 5) Delivery of firewood,
 - 6) WFN facility rental fee,
 - 7) WFN kitchen facility,
 - 8) Interment site preparation (on WFN Lands only); and
 - 9) Parking.
- iii. The Personal Representative is responsible for any service or cost not provided through this policy.
- iv. The Membership Services Manager's **decision** on the application for Benefits is final.

4. Definitions

"Deceased" refers to the WFN Member that has passed on.

"Personal Representative" means the individual named in **the Deceased's** will as the person who will make sure that the instructions in their will are properly followed or the appointed administrator in the instance where the individual died without leaving a valid will.

5. Responsibilities

- a) Council is responsible for setting aside an annual budget from First Nations Tax (Department 60) to cover costs associated with this policy.
- b) The Membership Services Manager is responsible for;
 - i. Reviewing and processing the Funeral Information Form (Appendix A), and reviewing, processing, and making a decision on, the Application for Funeral Assistance Benefits (Appendix B); and



Community. Leadership. Pride.

Policy
2015-28

Funeral Assistance Benefits

- ii. Providing the Personal Representative with advice and guidance pertaining to possible other sources of financial assistance.
- c) WFN Departments are responsible for working with the Membership Services Manager to provide the In-Kind Services under Section 3.b)ii. of this policy, as appropriate.
- d) The Personal Representative is responsible for;
 - i. Completing, signing, and submitting the Funeral Information Form (Appendix A) and Application for Funeral Assistance Benefits (Appendix B),
 - ii. Applying for other sources of financial assistance, as appropriate; and
 - iii. Ensuring that the financial subsidy is used solely for funeral expenses for the Deceased.

6. Monitoring and Reporting

The Membership Services Manager will monitor the Funeral Assistance Benefits program for compliance and report to Council on usage and budget on an annual basis, or at the request of the Director of Operations, Director of Community Services, or Council.



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Policy
2015-28

Funeral Assistance Benefits

7. Approval

This policy was approved by Council/ilmixwəm nał səxw'k'wina?mam via Resolution of Council #171106-10 on the 6th day of November, 2017 and signed by the Director of Operations on the 15th day of November, 2017.

Pat Fosbery, Director of Operations/ səxw'k'wuləm k'el yčayčat



Community. Leadership. Pride.

Policy
2015-28

Funeral Assistance Benefits

8. References and Related Authorities

[Westbank First Nation Constitution](#)

[Westbank First Nation Self-Government Agreement](#)

[Westbank First Nation Strategic Plan 2016-2019](#)

[AANDC Social Development Policy Manual Version 2015-06](#)

[Service Canada-Canada Pension Plan Death Benefit](#)

[BC Employment and Assistance](#)

WFN Governance

Procedure 2017-02 Funeral Assistance

9. Attachments


Appendix A – Funeral Information Form

Appendix B – Application for Funeral Assistance Benefits



Funeral Assistance Benefits

Appendix A – Funeral Information Form (Page 1)

	Funeral Information Form Membership Services, 1920 Quail Lane, Westbank, B.C. Phone: 250-768-0227 PROTECTED when submitted
For the funeral of the late _____ <i>(Name of Deceased WFN Member)</i>	
Personal Representative	
The following person is appointed as the Personal Representative who will serve as the main contact to collect, and make arrangements for, the funeral assistance benefits provided by WFN.	
_____ <i>(Name of Personal Representative)</i>	
Funeral Arrangements	
Funeral Home where the Deceased is resting prior to the service:	
Date and time of funeral service:	
Location of funeral service: <i>(If at a WFN facility, discuss with the appropriate WFN Representative the procedure for booking the facility.)</i>	
Individual(s) who will speak at the service:	
Date, time and location of wake, if applicable:	
Individuals responsible for cooking for the service <i>(List main contact with contact information as #1):</i>	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
P2015-28 Appendix A (Last Revised: 2017 November) LF# 404422 Page 1 of 2	



Funeral Assistance Benefits

Appendix A – Funeral Information Form (Page 2)

Funeral Arrangements (Continued)
Individuals who will serve as firewatchers (<i>List main contact with contact information as #1</i>):
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
WFN facilities requested (<i>Please check all that are requested</i>):
<input type="checkbox"/> Multi-Purpose Room / Gymnasium
<input type="checkbox"/> Elders Hall
<input type="checkbox"/> Kitchen Facility
<input type="checkbox"/> Other:
Interment Site Arrangements
Burial Site (<i>Please specify</i>):
<input type="checkbox"/> IR #9 <input type="checkbox"/> IR #10 <input type="checkbox"/> Other:
Individuals who will serve as gravediggers:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
Individual or Party responsible for preparing the interment site:
Individual or Party responsible for preparing the head stone:
Copy of Death Certificate
Please provide a copy of the Death Certificate to WFN so that accurate records of WFN Members may be kept.
Death Certificate provided: <input type="checkbox"/> Yes <input type="checkbox"/> Not yet
P2015-28 Appendix A (Last Revised: 2017 November) LF# 404402
Page 2 of 2




Community. Leadership. Pride.

Policy
2015-28

Funeral Assistance Benefits


Appendix B – Application for Funeral Assistance Benefits (Page 1)

 <p style="text-align: center;">Application for Funeral Assistance Benefits Membership Services, 1920 Quail Lane, Westbank, B.C. Phone: 250-768-0227 <i>To be filled out by the Personal Representative of the Deceased</i> PROTECTED when submitted</p>	
For the funeral of the late _____ <i>(Name of Deceased WFN Member)</i>	
In accordance with Westbank First Nation (WFN) Policy 2015-28 Funeral Assistance Benefits, please check the benefits you are applying for.	
Financial Subsidy	
<input type="checkbox"/> Financial Subsidy in the amount of _____ <i>(Maximum \$3,500)</i>	
In Kind Services	
<input type="checkbox"/> Pine Box (outer casing) <input type="checkbox"/> Obtaining pitch post <input type="checkbox"/> Preparation of pitch post <input type="checkbox"/> Moving of chairs and tables <input type="checkbox"/> Delivery of firewood <input type="checkbox"/> WFN facility rental fee <input type="checkbox"/> WFN kitchen facility <input type="checkbox"/> Interment site preparation <i>(on WFN Lands only)</i> <input type="checkbox"/> Parking	
Declaration	
I, _____, declare that I am the lawful Personal Representative for the Deceased. I agree to apply any financial subsidy received solely towards funeral expenses.	
Signatures	
_____ Personal Representative for the Deceased	_____ Date
_____ WFN Representative	_____ Date



Funeral Assistance Benefits

Appendix B – Application for Funeral Assistance Benefits (Page 2)

 <p style="text-align: center;">Application for Funeral Assistance Benefits <i>For Office Use Only</i></p>	
For the funeral of the late _____ <i>(Name of Deceased WFN Member)</i>	
Financial Subsidy	
Amount of financial subsidy approved: _____ <i>(Maximum \$3,500)</i>	
In-Kind Services	
The following In-Kind Services will be approved by WFN: <ul style="list-style-type: none"> <input type="checkbox"/> Pine Box (outer casing) <input type="checkbox"/> Obtaining pitch post <input type="checkbox"/> Preparation of pitch post <input type="checkbox"/> Moving of chairs and tables <input type="checkbox"/> Delivery of firewood <input type="checkbox"/> WFN kitchen facility <input type="checkbox"/> WFN facility rental fee Facility or facilities to be used: _____ _____ _____	
<input type="checkbox"/> Interment site preparation <i>(on Westbank Lands only)</i>	
<input type="checkbox"/> Parking	
Name and Signature of WFN Representative	
Name <i>(Please print)</i>	Position
Signature	Date