The information provided on this form will be used to issue funeral benefits provided under Seniors, Community and Social Services. Collection, use and disclosure of your information is authorized under the authority of the Income and Employment Supports Act and the Assured Income for the Severely Handicapped Act and is managed in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use or disclosure of your personal information, please contact the Alberta Supports Contact Centre at 1-877-644-9992 (toll-free) or 780-644-9992 (Edmonton).

Instructions
This form is required and collects information for the payment of a funeral benefit. It can be completed with a funeral benefits application, or after a funeral benefits approval letter has been received and arrangements are finalized.

Please ensure all fields of this form are completed and that it is signed by the applicant.

Questions
If there are questions about completing this form, please call 780-638-4443 in Edmonton or toll free at 1-855-638-4443.

Funeral Benefits Information
The following funeral benefits may be provided:

Funeral goods and services for a cremation/burial in Alberta:
- cremation with no cemetery costs - actual cost up to $4,240, or
- cremation/burial with cemetery costs - actual cost up to $6,360

Or

Transportation of remains to another province/territory for cremation/burial outside Alberta
- actual cost of preparing the remains prior to shipping and the actual reasonable cost of transportation by road and/or airfreight.

Additional information about requesting an amount greater than the maximum benefit can be found in the funeral benefits guides and the Request for an Exceptional Amount form, found at www.alberta.ca/funeral-benefits.aspx.

Section 1 - Applicant and deceased individual’s information

<table>
<thead>
<tr>
<th>Reference number (if known)</th>
<th>Name of deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of applicant</td>
<td>Applicant’s phone number</td>
</tr>
</tbody>
</table>

Section 2 - Required documentation
The following information must be included, along with a completed copy of this form:
- Death certificate (one of the following):
  - Funeral Director’s Statement of Death; or
  - Official Death Certificate
• All applicable final quotes or invoices:
  o Final quote/invoice from funeral service provider;
    • **NOTE:** If the quote/invoice from the funeral service provider includes cemetery expenses, please ensure that the provider clearly identifies those expenses.
  o Final quote/invoice from the cemetery; or
  o Final quote/invoice from shipper for transportation costs to transport to another province/territory.

**Section 3 - Payee information**

Payments are generally issued to funeral service providers and cemeteries (if applicable). Alternatively, an applicant may have chosen to be paid directly on the application form, if it was for a reimbursement or if the applicant is the spouse/partner of the deceased, or the parent of a deceased dependent child.

**NOTE:** Cemetery fees are generally paid directly to the cemetery and should be invoiced separately from funeral service provider fees. If a cemetery does not collect fees and relies on the funeral service provider to collect on their behalf, a funeral service provider may be paid the cemetery fees to coordinate payment.

**Instructions:**
• Complete the section below to direct payment to service providers or the applicant.
• When paying service providers, please indicate the amount to be directed to each provider. If approval for the funeral benefit has not yet been received, include the amount(s) on the finalized quote(s)/invoice(s) up to the maximum rate requested.
• For cremation/burial in Alberta, where the total amount exceeds the benefit maximum, identify which amount of the benefit should be directed to which provider, up to the maximum amount.
• For transportation outside of Alberta, include the total invoice amount.

Please note:
• **Funeral benefits for deceased Income Support clients or Albertans with low income may be reduced, depending on the situation.** Please see your approval letter or call the Funeral Benefits Contact Centre to identify if an amount will be deducted.
  o This does not apply to deceased AISH clients.
• If more than one service provider will be paid, the combined total should equal the value of the approved funeral benefit after the deduction.

**Payment to funeral service provider:**

<table>
<thead>
<tr>
<th>Provider name</th>
<th>Benefit amount to be paid to provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider phone number</td>
<td>Final quote/invoice date (yyyy-mm-dd)</td>
</tr>
<tr>
<td>Provider address</td>
<td></td>
</tr>
</tbody>
</table>
If applicable, payment to an additional service provider, such as a cemetery

<table>
<thead>
<tr>
<th>Provider name</th>
<th>Benefit amount to be paid to provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider phone number</th>
<th>Final quote/invoice date (yyyy-mm-dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

If there are additional service providers, please submit their information on a separate sheet and ensure the document includes your reference number (if known) and the name of the deceased.

Payment to applicant:
For reimbursements or when the applicant is the spouse/partner of the deceased or the parent of a deceased dependent child

<table>
<thead>
<tr>
<th>Name of person cheque will be paid to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address cheque will be mailed to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Section 4 - Submission of this form

Please submit a completed version of this form and copies of the documents listed in Section 2, by email, fax, or mail.

Submitting by Email:
- CSS.FuneralBenefits@gov.ab.ca
- Subject line: Funeral Benefits Payment Direction

Submitting by Fax:
- 780-643-9228 or toll-free 1-855-643-9228
- TO: Health and Funeral Benefits Unit
- FOR: Funeral Benefits Payment Direction

Submitting by Mail:
- Health and Funeral Benefits Unit
- Seniors, Community and Social Services, Government of Alberta
- PO Box 805 STN MAIN
- Edmonton AB T5J 2L4
Section 5 - Declaration and signature

1. I declare the information I have provided is true and complete to the best of my knowledge.

2. I understand I must submit finalized quotes/invoices and a death certificate for the above deceased in order for payment to be issued.

3. I authorize the Government of Alberta to make payment arrangements for the requested funeral benefit as directed above.

_________________________________________  ___________________________
Date yyyy-mm-dd                                Signature of Applicant

Checklist

Documentation to be included with the completed Payment Direction form:

☐ Funeral Director’s Statement of Death or an Official Death Certificate
☐ Finalized quote/invoice of expenses from the funeral service provider
☐ Finalized quote/invoice of cemetery plot expenses from the cemetery (if applicable) for 50 per cent of the standard cost (if applicable)
☐ Finalized quote/invoice from shipper for transportation costs to transport to another province/territory (if applicable)
☐ Signature of the applicant.