

Instructions for the Funeral Services Billing form (SA 108) Dated 08/14

Purpose of Funeral Services Billing

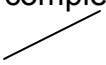
The Funeral Services Billing form is used to provide INAC with sufficient documentation to support and authorize Income Assistance payments made by Administering Authorities to eligible recipients. The Funeral Services Billing form is used to verify eligibility for expenditures and reimbursement for funeral costs of indigent persons and Income Assistance recipients living on reserve.

Definitions

See Definitions section, under INAC's *Social Development Policy and Procedures Manual, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Requirements for Funeral Services Billing

The completed Funeral Services Billing form must be kept on file by the Administering Authority.

Ensure each field is completed. If a field does not apply (i.e., Section C), put a diagonal line  over the box to indicate it is not applicable.

Field	Definition
Section A – Information on Service Provider and Deceased	
Administering Authority Name	Enter name of the Administering Authority.
Number	Enter the Administering Authority number.
Name of Service Provider	Enter the name of the Service Provider which may include a Funeral Home, Cemetery, or Crematorium.
Address	Enter the address of Service Provider.
Postal Code	Enter postal code of Service Provider.
Phone Number	Enter phone number of Service Provider.
Fax Number	Enter fax number of Service Provider.
Contact Person	Enter name of Contact Person at Service Provider.
Name of Deceased	Enter the name of the deceased individual.
Date of Birth	Enter date of birth of the deceased individual.
Address	Enter the last known address of the deceased individual.

Date of Death	Enter date of death.
Name of Legal Representative	Enter the name of the legal representative. To see the definition of legal representative, see Chapter 11.17, Funeral and Burial Policy.
Service authorized by: Administering Authority Contact	Enter the Administering Authority Contact name.
Phone Number	Enter phone number of Administering Authority Contact.
Fax Number	Enter fax number of Administering Authority Contact.
Section B – Services Provided	
Funeral Providers Basic Service Fee (B1)	Enter the total amounts for eligible items and basic disposition fee.
Other Items or Service Fee (B2)	Enter the total amounts for: <ul style="list-style-type: none"> • Co-ordination of bereavement rites and ceremonies • Attendance of staff for services and visitation • Preparation of the deceased including embalming, dressing, hairdressing • Use of funeral home or chapel facilities and equipment for memorial and funeral services. Add the total amounts for each and enter that sum as Total additional allowable fees.
Transportation (within BC only) (B3)	Enter the number of kilometres required to transport the deceased individual's body within BC. Add the total amounts for each and enter that sum as Total transportation.
Casket (B4)	Enter the total amounts for the caskets including: <ul style="list-style-type: none"> • Factory invoiced cost • Plus 20% • Plus freight • Plus cost for oversize remains. Add the total amounts of each and enter that sum as Total.
Burial Costs (B5)	Enter the total amounts for burial costs including: <ul style="list-style-type: none"> • Cost of burial plot • Grave opening and closing fees • Additional costs (grave liner, contain, pouch-where required by cemetery). Add the total amounts of each and enter that sum as Total.
Cremation Costs (B6)	Enter the total amounts for cremation costs including: <ul style="list-style-type: none"> • Cremation fees • Urn (to a maximum of \$200) • Cost of cremation plot • Grave opening and closing fees • Concrete grave liner (if required by cemetery). Add the total amounts of each and enter that sum as Total.

Applicable Taxes	Enter the amount for the applicable taxes such as the Consumer Protection BC fee.
Total amount of billing	Add the total amounts for Funeral Providers Basic Service Fee, Other Items or Service Fee, Transportation, Casket, Burial Costs, Cremation Costs, and Applicable Taxes. That sum is the Total amount of billing.
Signature of Service Provider	Service Provider Signature.
Print Name	Print name of Service Provider.
Date	Enter the date.
Section C – Additional Items and Services Purchased by other Parties	
Additional items and services purchased by other parties	<p>Enter the amounts for each additional item or service purchased by other parties including:</p> <ul style="list-style-type: none"> • Casket upgrade (Purchaser and their relationship with the deceased) • Flowers • Honorariums for clergy and/or musicians • Death certificates • Memorial books and stationery • Obituary notice • Other <p>Add the total amounts, that sum is the Total amount of additional items by purchaser.</p> <p>Note: Items in Section C are not covered by the Administering Authority or INAC.</p>
Section D – Administering Authority Authorization	
Band Social Development Worker Check List	<p>Review to ensure the following documents are completed and kept in the client file:</p> <ul style="list-style-type: none"> • Completed and original Funeral Services Billing (SA 108) form • Completed and signed Budget and Decision (901-25) form • Copy or original invoice • Copy of any other supporting or related documents.

