

Whowe are



We distribute state regulated benefits

We educate on the different types of insurance

We help fill in the gaps where Medicaid, Medicare & Social Security fall short

Find benefits and discounts to save you money



CERTIFICATE OF ACCREDITATION

North American Senior Benefits, Inc.

Valid Through August 2024

THIS COMPANY UPHOLDS THE BBB STANDARDS FOR TRUST

- Embody Integrity
- Advertise Honestly
- Honor Promises
- Safeguard Privacy

- Tell the Truth
- Be Transparent
- Be Responsive
- Build Trust





LICENSED WITH THE STATE

my job is pretty simple, it's to see what you may be

ENTITLED TO AND QUALIFY FOR

GOVERNMENT PROGRAMS

STATE REGULATED CARRIERS

PATIENT MEDICATION ASSISTANCE SERVICES

PRESCRIPTIONS DENTAL VISION HEARING FINAL EXPENSE

INTAKE DATA SHEET

		IN	SU	RE	D: 1		2	
NAME								
DOB					AGE			
		CHE	ECKIN	G	DIF	RECT	EXP	PREPAID
BANKING	1	1	3	ľ			WED	BI-WEEKLY

FACT FIND										
SS	1	SSD	- [SSI	I	MEDICARE	1	MEDICAID		
SUPPLEM	ENT:							FS: Y / N		

UN	IDERWRITING	* REFEF	* REFER TO UNDERWRITER					
CONDITION	DATE	DRILI	_ DOWNS					
TOBACCO	Y/N	QUITTING?						
HEART ATTACK	Y / N	CHF*	NITRO					
A-FIB	Y / N	PACEMAKER	DEFIB					
STROKE	Y / N							
DIABETES	Y / N	INSULIN	NEUROPATHY					
CANCER	Y / N	TREATMENT W	TREATMENT WITHIN 2 YEARS?*					
COPD	Y / N	OXYGEN*						
MS/LUPUS	Y / N							
LIVER/KIDNEY	Y / N	DIALYSIS*						
HIV* / HEP	Y / N	TREATED?	/ /					
BI-POLAR/SCHZ	Y / N	INHALERS						
MEMORY*	Y / N							
HOSPITALIZE	D Y/N	HOW LONG?						

BENEFICIARIES
GRANDCHILDREN
BENEFICIARY/BENEFICIARIES

SAVINGS CHECKLIST										
RX	1	DEN	TAL	1	VISION	1	HEARING	1	POLICY REVIEW	
LIFE BE	NEF	T(S)								

MEDICATIONS								
MEDICATIONS	REASON/WHY							
	I							

NOTES



BENEFITS CHECKLIST



QUALIFY BANKING: is Social Society paying you on time? On the 1st, or the 3rd, or one of those Wednesday-Thursdays?	MEDICARE SAVINGS: "You may qualify for help with Medicare Part B payment assistance - is the system taking the part B premium out of your social security check every month?" (Most states have different programs for
IS YOUR SOCIAL SECURITY BEING DIRECT DEPOSITED OR GOING TO THE GREEN DIRECT EXPRESS CARD?	low income individuals or couples who qualify for Medicare. The services ye get depend on how much income you have. These programs pay Medicare premiums, and in some cases, Medicare deductibles and coinsurance.
QUALIFY ANNUITY/EXTRA FUNDS OPTIONS: Were you able to retire with a retirement fund, 401k, pension or do you do any	In General, to be eligible for the Medicare Savings Programs, you must: * Be eligible for Medicare Part A (Hospital Insurance) * Be living in that state
investing? (If they say yes ,they may be eligible for an annuity- maximizing assets while protecting asset loss- however ignore talking about it until the end, then revisit before you leave.)	* Be a U.S. citizen OR Be in satisfactory immigration status (You must provide proof of immigrant status) * Have a monthly income below a certain limit.
QUALIFY MEDICARE/MEDICAID: Are you on Medicare? Medicai	* Please note: Each state has different guidelines and availability for the
QUALIFY PRESCRIPTIONS: I typically start with prescriptions and a health questionnaire which prescriptions are you taking?	DENTAL SAVINGS: Do you have dental insurance? Review dental savings programs
QUALIFY HEALTH: What's your age/date of birth?	VISION SAVINGS: Do you have vision insurance? How much were your glasses? Review vision savings programs
[READ OVER BIG 7 IN HEALTH QUESTIONNAIRE] 1. Smoking 2. Diabetes	HEARING SAVINGS: How is your hearing?
3. Heart Attack 4. Congestive Heart Failure	Review hearing savings programs.
5. Stroke6. Cancer7. COPD/Oxygen	RECAP & TRANSITION TO FE (5 THINGS/STEP 4) THOROUGH POLICY REVIEW (STEP 5)
(Note: Check meds for any memory meds - donepezil, memantine, aricept;	
and additionally, please double check for any diabetic nueropathy by asking if they have been prescribed any gabapentin, neurontin, lyrica or pregabali	
HOW MUCH ARE YOU PAYING FOR YOUR PRESCRIPTIONS? Review discount programs such as goodrx, wellcardrx.	POLICY DELIVERY : DATE



GOVERNMENT PROGRAMS

MEDICARE PRESCRIPTION DRUG LOW INCOME ASSISTANCE

Single Person-Income less than \$1,595.00 monthly and Resources less than \$13,110.00. *OR* Married Person-Income less than \$2,155.00 monthly and Resources less than \$26,160.

You will receive help paying for drug plans monthly premium, yearly deductible, copayments (generics \$2.60 and brands \$6.50), NO coverage gap (donut hole).

Call 1-855-408-121

MEDICARE ADVANTAGE AND MEDICAID MEAL DELIVERY PROGRAM

Millions of seniors are eligible for free home-delivered meal programs at no cost to them, typically through either a health insurance plan under Medicare Advantage or Medicaid or through a community organization such as an Area Agency on Aging (AAA).

How to access: Contact your case manager to find out if you qualify to receive home-delivered meals free or at a discount.



MEDICARE SAVINGS PROGRAMS AND STATE PHARMACY ASSISTANCE

States have programs that pay Medicare Part B premium, deductibles, coinsurance and copayments at the doctor's office and hospitalization.

Single Person-Income less than \$1,436 monthly and Resources less than \$7,860.00. *OR* Married Person-Income less than \$1,940.00 monthly and Resources less than \$11,800.00.

Call your State Health Insurance Assistance Program (SHIIP) at NC 1-855-408-1212, SC 1-800-868-9095, VA 1-800-552-3402, GA 1-866-552-4464 (OPTION 4), IN 1-800-452-4800, TX 1-800-447-7169

OTHER GOVERNMENT BENEFITS YOU MAY QUALIFY FOR

www.Benefits.gov

Visit this page and use the Benefit Finder questionnaire to find out what benefits you may be eligible to receive and the form will direct you to the agency to apply.





PATIENT MEDICATION ASSISTANCE SERVICES

FREE BRAND NAME MEDICATION FROM PHARMACEUTICAL COMPANY

Two qualifications: **Income** and **no insurance coverage** on brand name medication needed.

Call the company that makes the medication and tell them you're trying to get "Brand medication for free". Income qualification varies based on drug manufacturer, for singles is usually around \$24,000 per year or less, and for couples usually around \$36,000 per year.

When you fall into the donut hole or have no prescription coverage call this number and save thousands of dollars.

1-866-353-9377 (Patient Medication Assistance)



AMERICAN MADE DIABETIC SUPPLIES

Tired of seeing your jobs go overseas? Do business with an American Diabetic (US Med) supply company. Not one of those shipped from some foreign country! Highest quality diabetic supplies that keep Americans working!

Shipped to your door for FREE every 3 months.

Contact Envoy toll free 1-800-787-6331



OTHER PROGRAMS

FREE NICOTINE PATCHES & SMOKING CESSATION HELP

North Carolina: **1-800-784-8669** Georgia: **1-877-270-7867 (English)**

1-877-266-3863 (Español)

1-877-777-6534 (hearing impaired)

Nationwide: 1-800-QUIT-NOW



SILVER CROSS MOBILITY CHAIRS

www.silvercross.com or call 1-844-352-7677





PRESCRIPTION SAVINGS

GOOD RX PRESCRIPTION DISCOUNT CARD

Discounts of up to 80% on most prescription drugs at over 70,000 U.S. pharmacies including pet prescriptions.

No expiration. No fees or obligations. No credit card required.

www.goodrx.com



A PRESCRIPTION SAVINGS PROGRAM

Present this card to your pharmacy and provider.



Group ID: TMG Member ID: Enter

member's 10-digit phone #, then add 2-digit person code. 01=Member, 02=Spouse, 03=Dependent, etc.

Processor: NetCard Systems

Bin #: 008878

Smart. Simple. Savings.

To Use at Participating Pharmacies

- Take your card to a participating pharmacy.
 The card can be used for all medications;
 however, not all may be eligible for a discount.
 You'll always receive the lower cost available to you through either the pharmacy or WellCardRx.
- One card automatically covers all family members at no cost.
- You can use the card for prescriptions not covered by your insurance or excluded from Medicare Part D.







www.OutlookVision.com

www.DenteMax.com

Present this card and your prescription to any participating pharmacy to receive your discount. At the time of purchase, you are responsible for paying the entire cost of the drug, once discount is applied.

FIND A PHARMACY: Call 800-562-9625 or visit www.WellCardRx.com

PHARMACIST HELP DESK: 888-886-5822

This is Not Insurance. It is a Prescription Discount program.
This card is not a guarantee of benefits.
THIS PROGRAM IS VOID WHERE PROHIBITED BY LAW.





DENTAL SAVINGS

DENTEMAX

Visit: **DenteMax.com** to locate a provider OR call customer service at: 1-800-758-1547

State that you are using a WellCardRx Discount Card Monday-Thursday 8:15am - 7:00pm Eastern Friday 9:00am - 4:45pm Eastern

Make an appointment with your provider stating that you are a DenteMax member using a WellCardRx Discount Card.



DENTAL SCHOOLS

Visit: www.authoritydental.org/dental-schools

Dental schools offer dental care at about half the cost due to lack of expertise, so it's a great way to cover procedures associated with dental implants for low-income patients.

Don't worry, everything takes place under the watchful eye of a team of licensed professionals, so there is no extra risk.

THE NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS

NAFCC is a non-profit that seeks to "broaden access to affordable health care for the medically underserved." In keeping with its belief that access to health care is a right and not a privilege, the NAFCC ensures that the poor and uninsured can still avail of medical and dental services.

The organization's has 1,200 clinics found all over the country. You can search for free care from their homepage:

https://nafcclinics.org or call 1-703-647-7427



THE DENTAL LIFELINE NETWORK

Dental Lifeline Network provides comprehensive dental care to adults with special needs and seniors across the United States. These patients receive this care through the generosity of a network of volunteer dentists and laboratories.

Visit the website and find the phone and location for the dental lifeline program in your state:

www.dentallifeline.org



HEARING & VISION SAVINGS

FREE HEARING AID (NORTH CAROLINA ONLY)

If you suffer from hearing loss in NC call 1-800-851-6099 for hearing exam, to get fitted and receive one FREE! Single persons \$29,700, Couples \$40,000. Hearing must be between 2 & 7 decibels

OUTLOOK VISION AND HEARING THROUGH WELLCARDRX

Visit **www.outlookvision.com** to find a provider OR call customer service at: **1-800-342-7188**

State that you ar an Outlook & Beltone member using a WellCardRx Discount Card.

Call your provider to make an appointment, stating you are an Outlook & Belltone member using a WellCardRx Discount Card.



HEARING AID PROJECT

Visit https://hearingaiddonations.org/resources to find a list of national resources to help with hearing aid assistance.

ZENNI OPTICAL

Affordable eye glasses starting at \$6.95 just enter your prescription details or upload a copy of your Rx.

www.zennioptical.com



Visit **www.outlookvision.com** to find a provider OR call customer service at: **1-800-342-7188**

State that you ar an Outlook member using a WellCardRx Discount Card.

Call your provider to make an appointment, stating you are an Outlook member using a WellCardRx Discount Card.



EYECARE AMERICA NO-COST EYE EXAM

Answer a few questions to see if you qualify for a no-cost eye exam.

www.aaao.org/eyecare-america





THE LAST THING WE DO...

THE MOST IMPORTANT THING WE DO

IT'S WHAT WE SPECIALIZE IN

AND WHAT YOU REQUESTED INFORMATION ON

WHERE WE HELP PEOPLE SAVE THE MOST AMOUNT OF MONEY IN THE COMMUNITY...

IS HELP WITH FINAL EXPENSE - WITH THE STATE REGULATED LIFE INSURANCE PROGRAM

OTHER PROVIDERS



























FAMILY BENEFIT

IFE INSURANCE CO.











TOP RATED PROVIDERS

























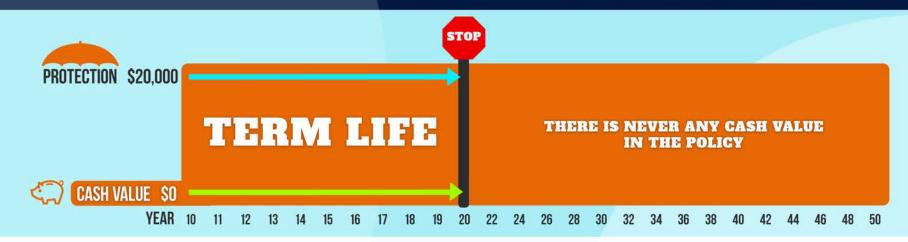


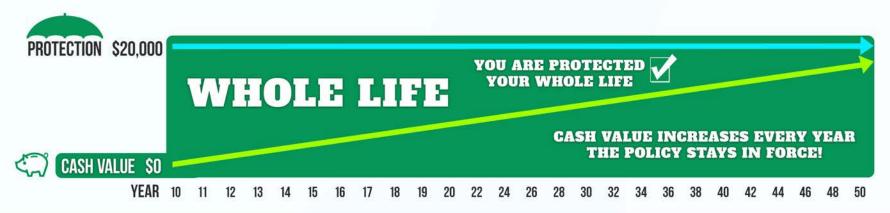


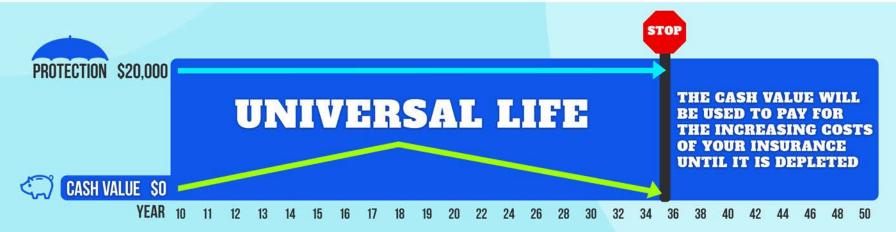




TERM LIFE vs WHOLE LIFE vs UNIVERSAL LIFE







THESE GRAPHS ARE FOR ILLUSTRATION PURPOSES ONLY AND DO NOT REFLECT ACTUAL CASH VALUES.

WHEN IT COMES TO LIFE INSURANCE

most people fit into 1 of 3 categories

CATEGORY 1

WRONG TYPE OF INSURANCE

Someone who is in a
Term Plan that is going
up in price
(increasing premiums)
or going away (expiring)

May have purchased through the mail or the TV

CATEGORY 2

PAYING WAY
TOO MUCH

Someone who has insurance but is paying too much for it

Had policy for over 2 years and may qualify for free insurance

CATEGORY 3

NO INSURANCE COVERAGE

Someone who has NO coverage or doesn't have enough because inflation has devalued coverage or need has changed.

THIS IS THE LARGEST CATEGORY

Which one of these *best* describes you? Do you have coverage?

POLICY REVIEW



ENSURE YOUR POLICY WILL NOT EXPIRE



ENSURE YOUR PREMIUM WILL NOT INCREASE



CHECK TO SEE IF YOU YOU ARE ENTITLED TO ANY:



POLICY REVIEW

	POLICY	:	1	2	3	4		
NAME								
COM	IPANY			POLIC	Y #			
EFFECT	IVE DATE			DRAFT	DAY			
5405	MACUNIT			DDEM				
FACE A	AMOUNT			PREM	IUM			
CASH VALUE	SURRENDER VALUE	FUTU	RE PREN	I. (TERM)	COST OF	INS (UL)		
LOAN BALANCE	INTEREST RATE							
REDUCED	PAID UP							
		Straw Ma						
	BENEFIC	IAR	RIES					
	NOT	ES						

	POLICY	:	1	2	3	4	
NAME							
COI	MPANY			POLIC	Y #		
EFFEC			DRAFT	DAY			
FACE	FACE AMOUNT				IUM		
CASH VALUE	SURRENDER VALUE	FUTU	RE PREN	I. (TERM)	COST OF INS (UL)		
LOAN BALANCE	INTEREST RATE						
REDUCEI	O PAID UP						
	BENEFICIARIES						

NOTES

POLICY REVIEW

	POLICY	:	1	2	3	4		
NAME								
COM	IPANY			POLIC	Y #			
EFFECT	IVE DATE			DRAFT	DAY			
5405	MACUNIT			DDEM				
FACE A	AMOUNT			PREM	IUM			
CASH VALUE	SURRENDER VALUE	FUTU	RE PREN	I. (TERM)	COST OF	INS (UL)		
LOAN BALANCE	INTEREST RATE							
REDUCED	PAID UP							
		Straw Ma						
	BENEFIC	IAR	RIES					
	NOT	ES						

	POLICY	:	1	2	3	4
NAME						
COI	MPANY			POLIC	Y #	
EFFEC	TIVE DATE			DRAFT	DAY	
FACE	AMOUNT			PREM	IUM	
CASH VALUE	SURRENDER VALUE	FUTU	RE PREN	I. (TERM)	COST OF	INS (UL)
LOAN BALANCE	INTEREST RATE					
REDUCEI	O PAID UP					
BENEFICIARIES						

NOTES



WHOLE LIFE INSURANCE

Coverage Benefits



PERMANENT COVERAGE



NO physical blood work, or medical exams for approval



You **CANNOT** be cancelled once you're approved-WHOLE LIFE!



Coverage is **NEVER** reduced due to age or health once you're approved



Build CASH value



ACCIDENTAL may be included



Your beneficiary is paid IMMEDIATELY with no waiting period



TAX FREE



Agent SERVICE for life



Premiums NEVER increase once you're approved-LOCKED IN!



Builds Paid Up Insurance



Carrier Specific Benefits

GOLD OPTION

\$			
100			

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SILVER OPTION

\$

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BEST VALUE

BRONZE OPTION

\$		

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\$			
1.0			

MINIMUM

/ month					
	-	m	^	-	h
/ 11101101	1		U	L	п

OUR PRIMARY BENEFICIARY(S):	
OUR CONTINGENT BENEFICIARY:	

ARRIER:	CARRIER CUSTOMER SERVICE #	
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1ST PREMIUM DRAFT DATE:

The very first draft may take 3-5 business days to draft from your account.



AVERAGE FUNERAL COSTS



FEMALE						
AGE	LIFE EXPECTANCY	LIVE TO AGE	FUNERAL COST AT DEATH			
45	36.79	81.79	\$50,968.60			
46	35.87	81.87	\$48,773.78			
47	34.96	81.96	\$46,673.48			
48	34.05	82.05	\$44,663.62			
49	33.14	82.14	\$42,740.30			
50	32.24	82.24	\$40,899.81			
51	31.35	82.35	\$39,138.57			
52	30.46	82.46	\$37,453.18			
53	29.57	82.57	\$35,840.36			
54	28.69	82.69	\$35,840.36			
55	27.82	82.82	\$34,297.00			
56	26.94	82.94	\$32,820.10			
57	26.08	83.08	\$31,406.79			
58	25.22	83.22	\$30,054.34			
59	24.37	83.37	\$28,760.14			
60	23.53	83.53	\$27,521.66			
61	22.70	83.70	\$27,521.66			
62	20.88	83.88	\$26,336.52			
63	21.08	84.08	\$25,202.41			
64	20.28	84.28	\$24,117.14			
65	19.49	84.49	\$23,078.60			
66	18.70	84.70	\$22,084.79			
67	17.93	84.93	\$22,084.79			
68	17.17	85.17	\$21,133.77			
69	16.42	85.42	\$20,223.70			
70	15.69	85.69	\$20,223.70			
71	14.97	85.97	\$19,352.82			
72	14.27	86.27	\$18,519.45			
73	13.58	86.58	\$17,721.96			
74	12.90	86.90	\$17,721.96			
75	12.24	87.24	\$16,958.81			

	IV.	MALE	
AGE	LIFE	LIVE TO AGE	FUNERAL COST AT DEATH
45	32.81	77.81	\$42,740.30
46	31.93	77.93	\$40,899.81
47	31.06	78.06	\$39,138.57
48	30.20	78.20	\$37,453.18
49	29.34	78.34	\$35,840.36
50	28.49	78.49	\$34,297.00
51	27.65	78.65	\$34,297.00
52	26.83	78.83	\$32,820.10
53	26.00	79.99	\$31,406,79
54	25.19	79.19	\$30,054.34
55	24.37	79.37	\$28,760.14
56	23.57	79.57	\$28,760.14
57	22.77	79.77	\$27,521.66
58	21.97	79.97	\$26,336.52
59	21.19	80.19	\$25,202.41
60	20.42	80.42	\$24,117.14
61	19.66	80.66	\$24,117.14
62	18.91	80.91	\$23,078.60
63	18.17	81.17	\$22,084.79
64	17.44	81.44	\$21,133.77
65	16.73	81.73	\$21,133.77
66	16.02	82.02	\$20,223.70
67	15.32	82.32	\$19,352.82
68	14,63	82.63	\$19,352.82
69	13.96	82.96	\$18,519.45
70	13.30	83.30	\$17,721.96
71	12.66	83.66	\$17,721.96
72	12.04	84.04	\$16,958.81
73	11.43	84.43	\$16,228.53
74	10.84	84.84	\$16,228.53
75	10.26	85.26	\$15,529.69
27			



PROJECTED FUNERAL COSTS

	Inflation:	Inflation:			Inflation:	Inflation:
Year	3.43%	4.00%		Year	3.43%	4.00%
2011	\$8,274.40	\$8,320.00		2036	\$19,226.47	\$22,179.76
2012	\$8,558.21	\$8,652.80	The average funeral in the	2037	\$19,885.94	\$23,066.95
2013	\$8,851.76	\$8,998.91	The state of the s	2038	\$20,568.03	\$23,989.63
2014		\$9,358.87	United States averages between	2039	\$21,273.51	\$24,949.21
2015			\$8,000 and \$12,000 with all	2040	\$22,003.19	\$25,947.18
2016			associated expenses! Inflation	2041	\$22,757.90	\$26,985.07
2017				2042	\$23,538.50	\$28,064.47
2018		\$10,948.55	between 1913 and 2009 has	2043	\$24,345.87	\$29,187.05
2019	\$10,836.99		been on average 3.43% per	2044	\$25,180.93	\$30,354.53
2020				2045	\$26,044.64	\$31,568.71
2021	\$11,593.16		year*	2046	\$26,937.97	\$32,831.46
2022			***	2047	\$27,861.94	\$34,144.72
2023	\$12,402.09	\$13,320.59		2048	\$28,817.61	\$35,510.51
2024	\$12,827.48	\$13,853.41	These figures are based on an	2049	\$29,806.05	\$36,930.93
2025	\$13,267.46	\$14,407.55		2050	\$30,828.40	\$38,408.17
2026	\$13,722.54	\$14,983.85	\$8,000 funeral today and the	2051	\$31,885.81	\$39,944.49
2027	\$14,193.22	\$15,583.20	projected cost based on the	2052	\$32,979.50	\$41,542.27
2028	\$14,680.05	\$16,206.53	average inflation and what may	2053	\$34,110.69	\$43,203.96
2029	\$15,183.57	\$16,854.79		2054	\$35,280.69	\$44,932.12
2030	\$15,704.37	\$17,528.99	be expected in the future. This	2055	\$36,490.82	\$46,729.41
2031	\$16,243.03	\$18,230.14	will help guide you to make sure	2056	\$37,742.45	\$48,598.58
2032	\$16,800.16	\$18,959.35		2057	\$39,037.02	\$50,542.52
2033	\$17,376.41	\$19,717.72	you and your family plans for a	2058	\$40,375.99	\$52,564.23
2034	\$17,972.42	\$20,506.43	sound future.	2059	\$41,760.89	\$54,666.79
2035	\$18,588.87	\$21,326.69		2060	\$43,193.28	\$56,853.47

*Source: inflationdata.com



VA BURIAL AND PLOT-INTERMENT ALLOWANCES

WHAT ARE VA BURIAL ALLOWANCES?

VA BURIAL ALLOWANCES ARE PARTIAL REIMBURSEMENTS OF AN ELIGIBLE VETERAN'S BURIAL AND FUNERAL COSTS. WHEN THE CAUSE OF DEATH IS NOT SERVICE RELATED, THE REIMBURSEMENTS ARE GENERALLY DESCRIBED AS TWO PAYMENTS:

(1) A BURIAL AND FUNERAL EXPENSE ALLOWANCE, AND (2) A PLOT OR INTERMENT ALLOWANCE.

WHO IS ELIGIBLE?

YOU MAY BE ELIGIBLE FOR A VA BURIAL ALLOWANCE IF:

- YOU PAID FOR A VETERAN'S BURIAL OR FUNERAL, AND
- YOU HAVE NOT BEEN REIMBURSED BY ANOTHER GOVERNMENT AGENCY OR SOME OTHER SOURCE, SUCH AS THE DECEASED VETERAN'S EMPLOYER, AND
- THE VETERAN WAS DISCHARGED UNDER CONDITIONS OTHER THAN DISHONORABLE.

IN ADDITION, AT LEAST ONE OF THE FOLLOWING CONDITIONS MUST BE MET:

- THE VETERAN DIED BECAUSE OF A SERVICE-RELATED DISABILITY. OR
- THE VETERAN WAS RECEIVING VA PENSION OR COMPENSATION AT THE TIME OF DEATH. OR
- THE VETERAN WAS ENTITLED TO RECEIVE VA PENSION OR COMPENSATION, BUT DECIDED NOT TO REDUCE HIS/HER MILITARY RETIREMENT OR DISABILITY PAY, OR
- THE VETERAN DIED WHILE HOSPITALIZED BY VA, OR WHILE RECEIVING CARE UNDER VA CONTRACT AT A NON-VA FACILITY, OR
- THE VETERAN DIED WHILE TRAVELING UNDER PROPER AUTHORIZATION AND AT VA EXPENSE TO OR FROM A SPECIFIED PLACE FOR THE PURPOSE OF EXAMINATION, TREATMENT, OR CARE, OR
- THE VETERAN HAD AN ORIGINAL OR REOPENED CLAIM PENDING AT THE TIME OF DEATH AND HAS BEEN FOUND ENTITLED TO COMPENSATION OR PENSION FROM A DATE PRIOR TO THE DATE OR DEATH, OR
- THE VETERAN DIED ON OR AFTER OCTOBER 9, 1996, WHILE A PATIENT AT A VA-APPROVED STATE NURSING HOME.

HOW MUCH DOES VA PAY?

SERVICE-RELATED DEATH. VA WILL PAY UP TO \$2,000 TOWARD BURIAL EXPENSES FOR DEATHS ON OR AFTER SEPTEMBER 11, 2001. VA WILL PAY UP TO \$1,500 FOR DEATHS PRIOR TO SEPTEMBER 10, 2001. IF THE VETERAN IS BURIED IN A VA NATIONAL CEMETERY, SOME OR ALL OF THE COST OF TRANSPORTING THE DECEASED MAY BE REIMBURSED.

NONSERVICE-RELATED DEATH. VA WILL PAY UP TO \$300 TOWARD BURIAL AND FUNERAL EXPENSES AND A \$300 PLOTINTERMENT ALLOWANCE FOR DEATHS ON OR AFTER DECEMBER 1, 2001. THE PLOT-INTERMENT ALLOWANCE IS \$150 FOR DEATHS PRIOR TO DECEMBER 1, 2001. IF THE DEATH HAPPENED WHILE THE VETERAN WAS IN A VA HOSPITAL OR UNDER VA CONTRACTED NURSING HOME CARE, SOME OR ALL OF THE COSTS FOR TRANSPORTING THE VETERAN'S REMAINS MAY BE REIMBURSED.

HOW CAN YOU APPLY?

YOU CAN APPLY BY FILLING OUT VA FORM 21-530, APPLICATION FOR BURIAL BENEFITS. YOU SHOULD ATTACH A COPY OF THE VETERAN'S MILITARY DISCHARGE DOCUMENT (DD 214 OR EQUIVALENT), DEATH CERTIFICATE, FUNERAL AND BURIAL BILLS. THEY SHOULD SHOW THAT YOU HAVE PAID THEM IN FULL. YOU MAY DOWNLOAD THE FORM AT HTTP://WWW.VA.GOV/VAFORMS/

RELATED BENEFITS

VA NATIONAL CEMETERY BURIALS / HEADSTONES AND MARKERS / PRESIDENTIAL MEMORIAL CERTIFICATES / BURIAL FLAGS
FOR MORE INFORMATION, CALL TOLL-FREE 1-800-827-1000
OR VISIT OUR WEB SITE AT HTTP://WWW.VA.GOV

EMERGENCY CONTACT SHEET



millions of dollars of life insurance go unclaimed every year DON'T LET THAT HAPPEN TO YOU!

According to the "National Unclaimed Property Network", twenty percent of life insurance policies become lost life insurance and are turned over to state unclaimed money departments.

Often these insurance policies become lost life insurance policies because the survivors never knew the policy existed. (NUPN.com)

Who do you trust to assist your family during their time of need?
As a service to you, we will contact these people and provide them with our contact information and business card so when the time comes, your family won't be alone.

NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:	CITY, STATE, ZIP:
PHONE:	PHONE:	PHONE:
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:	CITY, STATE, ZIP:
PHONE:	PHONE:	PHONE:

CLIENT REFERRALS

NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:	CITY, STATE, ZIP:
PHONE:	PHONE:	PHONE:
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
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PHONE:	PHONE:	PHONE:
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:	CITY, STATE, ZIP:
PHONE:	PHONE:	PHONE:

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