



**NORTH CAROLINA BOARD OF FUNERAL SERVICE
1033 WADE AVENUE, SUITE 108
RALEIGH, NORTH CAROLINA 27605-1158
919/733-9380**

**PRENEED RECOVERY FUND
APPLICATION FOR REIMBURSEMENT**

NOTE: The Recovery Fund is to reimburse purchasers of preneed funeral contracts who have suffered financial loss as a result of the malfeasance, misfeasance, default, failure or insolvency of any preneed licensee, as provided in G.S. 90-210.66. Reimbursements from the Fund shall be made only to the extent to which such losses are not bonded or otherwise covered, protected or reimbursed and only after the Applicant has complied with all applicable rules of the Board. As determined by the Board, the Applicant must have exhausted all viable means to collect his losses and has complied with all applicable statutes and rules. Reimbursable losses shall not include losses of spouses, children, parents, grandparents, siblings, partners, associates, employers and employees of the person or business entity causing the losses.

The North Carolina General Assembly in G.S. 90-210.66 established the preneed recovery fund and directed the North Carolina Board of Funeral Service to provide for its funding and administration. The establishment of the fund did not create or acknowledge any legal responsibility on the part of the Board for the acts, or failure to act, of persons, firms or corporations licensed by it. All reimbursements of losses from the fund shall be a matter of privilege in the sole discretion of the Board and not a matter of right. No applicant or member of the public shall have any right in the fund as a third-party beneficiary or otherwise.

PRENEED RECOVERY FUND APPLICATION FOR REIMBURSEMENT

Name of applicant:

Complete address of applicant:

Telephone No. of applicant:

Name & address of funeral home and individual(s) who caused alleged loss:

Dollar amount of alleged loss for which reimbursement is being applied for:

Please provide in the space below the following information.

1. The date or period of time during which the loss was incurred.
2. A general statement of facts concerning the application, including a description of efforts to obtain reimbursement from the licensee, insurance companies or others.

(If additional space is required use an additional sheet.)

Signature of Applicant

Attach the following:

1. A copy of any preneed funeral contract which is the basis of the alleged loss.
2. All supporting documents, including copies of court proceedings and other papers indicating the efforts of the applicant to obtain reimbursement from the licensee, insurance companies or others.
3. Documentation of any receipt of funds in partial payment of the loss.