



NORTH CAROLINA BOARD OF FUNERAL SERVICE

PRENEED RECOVERY FUND APPLICATION FOR REIMBURSEMENT

The Preneed Recovery Fund (the "Fund") serves 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. The application may be electronically submitted to PreneedRecoveryFund@ncbfs.org.

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.

1. Applicant Name and Address: _____

2. Applicant Tel. No.: _____ Applicant Email Address: _____
3. Name and Address of Funeral Home and Individual(s) who Allegedly Caused Loss: _____

4. Person who Purchased the Preneed Contract ("Purchaser"): _____
 - a. Purchaser's Date of Death, if applicable: _____
5. Person for whom the Preneed Contract was Purchased ("Beneficiary"): _____
 - a. The Last Four Digits of Beneficiary's Social Security Number: _____
 - b. Beneficiary's Date of Death, if applicable: _____

6. Applicant's Relationship to Purchaser and Beneficiary: _____

7. Name(s) of Those Present When Preneed Arrangements were Made: _____

8. Dollar Amount of Alleged Loss for which Reimbursement is Requested: _____

9. List the Amount(s) and Date(s) on which Preneed Funds were Paid: _____

10. Payment Method Used for Preneed Arrangement

(if paid by check/money order, please provide copies of the front and back): _____

11. Indicate all Items that Purchaser Received from Funeral Home when Preneed Arrangements were Made (please provide copies):

a. Preneed Funeral Contract	Yes ☐	No ☐
b. Statement of Goods and Services Selected	Yes ☐	No ☐
c. Receipt for Purchase of Contract	Yes ☐	No ☐
d. Receipt for Filing Fee	Yes ☐	No ☐

12. Indicate all efforts the Purchaser or the Beneficiary has taken to recoup the preneed funds (please provide copies of all recoupment documents):

a. Written request/statement to Contracting Funeral Home	Yes ☐	No ☐
b. Telephone calls to Contracting Funeral Home	Yes ☐	No ☐
c. Telephone calls to funding Insurance Company	Yes ☐	No ☐
d. Telephone calls to funding Bank	Yes ☐	No ☐
e. Court proceedings	Yes ☐	No ☐
f. Other	Yes ☐	No ☐

If Answered "Yes" to any of the above, please describe below. Attach Additional Sheets, if Needed:

I, being first duly sworn, depose and say that I have read the foregoing application and that the same is true of my own knowledge, except as to matters and things therein stated on information and belief and that as to such matters and things, I believe them to be true.

STATE OF _____
 COUNTY OF _____

 Signature of Applicant

Sworn to and subscribed before me by _____, this the _____ day of _____,
 _____.

Signature of Notary: _____

Notary's Printed Name: _____

My Commission Expires _____