



NORTH CAROLINA BOARD OF FUNERAL SERVICE

PRENEED FUNERAL CONTRACT – CERTIFICATE OF PERFORMANCE

Per 21 NCAC 34D .0304, "[this] form shall be completed by each [licensee of the Board] performing any services or providing any merchandise pursuant to the preneed funeral contract, or, if none are performed or provided, the contracting [preneed] funeral establishment." Fax completed form(s) to: 919-733-8271.

Trust: Per N.C. Gen. Stat. § 90-210.64, if the performing and contracting firm are not the same, the performing firm must submit the form to the contracting firm and the contracting firm must then present it to the financial institution(s) that hold the funds in trust. "Upon receipt of the [certificate of performance], the financial institution shall pay the trust funds to the contracting preneed licensee [...]." The contracting firm then shall pay preneed funds received to the performing firm, subject to the provisions of N.C. Gen. Stat. § 90-210.65(d), in the event the contracting firm provided any funeral goods or services prior to the transfer.

Insurance: Per N.C. Gen. Stat. § 90-210.64, if the performing and contracting firm are not the same, the performing firm must submit the form to the insurance company "and the insurance company shall pay the insurance proceeds according to the terms of the policy."

Per 21 NCAC 34D .0304(b), any funeral establishment or other entity licensed by the Board and required to complete a certificate of performance to receive payment for funeral, cremation, or hydrolysis goods and/or services provided shall be required to file a copy of the form with the Board within 10 days following its receipt of payment.

If preneed funeral contract is funded with multiple trust accounts and/or insurance policies, submit certificate of performance within 10 days from the first payment received. Do not submit more than one (1) certificate of performance per preneed funeral contract.

If an individual has more than one (1) preneed funeral contract, one (1) certificate of performance must be submitted for each contract.

Decedent's name: _____ Last four of SS# _____

Preneed contract date: _____ Date of death: _____ County/State of death: _____

Contracting funeral home: _____ PN Est. No. _____
(preneed funeral establishment where preneed funeral contract was registered at time of decedent's death)

Address: _____
Street City State Zip

Licensee of Board that performed preneed contract (if different from above):

_____ AN or PN Est. No. _____

Address: _____
Street City State Zip

Annual report reminder: It is the responsibility of the "contracting" preneed funeral establishment to provide accurate information when completing the annual report required by N.C. Gen. Stat. § 90-210.68(a) and 21 NCAC 34D .0302. If an insurance funded preneed contract was transferred at-need and the performing funeral home failed to file a certificate of performance, it is the responsibility of the contracting preneed funeral establishment to file a certificate of performance at which point it becomes aware of the transfer. Board staff will accept the form completed to include that information that is known to the contracting firm and any other supporting documents that may be available, e.g. statements from insurance companies, death certificates, and/or obituaries for the decedent.

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PRENEED TO AT-NEED WORKSHEET

The undersigned Board licensee, through its duly authorized representative, certifies below that this request for payment complies with Article 13D, Chapter 90 of the North Carolina General Statutes, in that:

_____ It has fully performed all provisions of the preneed funeral contract executed for the decedent named above.

OR

_____ The contract was revoked by the purchaser or transferred after the death of the preneed contract beneficiary.

AND (choose one)

_____ The original contracting funeral establishment provided funeral goods and services **prior to** the revocation or transfer

_____ The original contracting funeral establishment provided **no** funeral goods and services **prior to** the revocation or transfer.

Invoice / At-Need Contract Amount: \$ _____ (total retail price of goods / services provided at death)

Funding: (include additional sheets if necessary)

1. Financial Institution/Insurance Company: _____

Address: _____

Paid to: _____

Account / Policy Number: _____ Amount paid: _____ Date paid: _____

2. Financial Institution/Insurance Company: _____

Address: _____

Paid to: _____

Account / Policy Number: _____ Amount paid: _____ Date paid: _____

3. Financial Institution/Insurance Company: _____

Address: _____

Paid to: _____

Account / Policy Number: _____ Amount paid: _____ Date paid: _____

Was this an inflation-proof contract? _____ **If yes, the contracting funeral home must complete the “at-need credit computation” below if it also performed the preneed funeral contract.**

At-need credit computation: Below, enter the amounts determined by the Board’s “Preneed to At-need Calculator” and available at <https://ncbfs.org/licensee-resources/applications-forms/#preneed>. Please retain a copy of the calculator for your records.

A. Total amount of non-guaranteed items on preneed contract: \$ _____

B. Total excess funding (insurance proceeds/trust balances in excess of retail cost) on preneed contract date: \$ _____

C. Total amount of funds (credit) available for use toward cash advances, tax, and/or refund at-need: \$ _____

D. Total amount of cash advances and/or tax used at-need: \$ _____

E. Total amount due funeral home \$ _____

F. Total refund due family/estate \$ _____

Refund date: _____ Check No: _____ (retain copy in preneed file)

Representative signature: _____ Date signed: _____