



HPUL
Health & Human Services Dept.

Term Life Insurance Program

Formerly known as the Burial / Funeral Assistance Program

We know it's a difficult conversation to have- no one wants to think about the passing of a loved one, but planning ahead can assist in a tough time. The Term Life Insurance Program currently assists with up to \$10,000 for burial / funeral expenses

If you have not already done so, or would like to update your Beneficiary, please submit a Term Life Insurance Form

ANY enrolled member is eligible, regardless of age. Forms can be turned in via mail, in person, or filled out on the website

For questions or concerns,
please contact HHS
hhs@hpultribe-nsn.gov | 707-900-6921



TRIBAL MEMBER TERM LIFE INSURANCE **PROGRAM GUIDELINES**

The purpose of the Term Life Insurance Program is to help offset some of the burial, funeral and associated costs incurred by families when a Tribal Member passes away. To be eligible to receive Term Life Insurance, an individual must:

- Be an enrolled Tribal Member of the Habematolel Pomo of Upper Lake.
- Designate before his/her death whom the beneficiary is on Term Life Insurance Program (i.e., relative/spouse or funeral home, etc.) (Note: Assistance shall still be provided if a designation is not made; however, a designation is highly preferred)
- Be a deceased Tribal Member.

In the event of the death of an enrolled HPUL Tribal Member, the Tribe will provide the death benefit in the name of the deceased. The death benefit will be funded at the amount listed on the current HPUL Tribal General Welfare Program Funding Schedule, in the name of the deceased.

Tribal Member's Name: _____
PLEASE PRINT FULL NAME

Executor/Beneficiary Name, Address & Contact #: _____

Executor/Beneficiary Relationship to Said Tribal Member: _____

Account Number & Name of Affiliated Agency/Company (If Applicable): _____

Please submit all completed forms to the HPUL Health & Human Services Department for processing.

10250 Dewell Road Ext #A
Upper Lake, CA 95485
(700) 900-6921
hhs@hpultribe-nsn.gov

Tribal Member Signature

Date

Designated HPUL Staff Signature

Date