



THE MILLE LACS BAND OF
OJIBWE INDIANS

Legislative Branch of Tribal Government

RESOLUTION 10-04-63-03

A RESOLUTION TO INCREASE THE BURIAL INSURANCE TO \$7,000 PER INDIVIDUAL BURIAL, INCREASE THE FAMILY STIPEND TO \$500 AND AMEND THE PROGRAM POLICIES AND BURIAL INSURANCE DESIGNATION FORM

WHEREAS, the Mille Lacs Band Assembly is the duly elected governing body of the Mille Lacs Band of Ojibwe, a federally recognized Indian Tribe; and

WHEREAS, the Mille Lacs Band of Ojibwe sponsors a self-funded burial insurance program for Band members; and

WHEREAS, the Mille Lacs Band Assembly now recognizes the need to increase the burial assistance/insurance amount to \$7,000.00; increase the family stipend to \$500.00; and amend the program policies and Designation Form.

NOW, THEREFORE, BE IT RESOLVED that the Mille Lacs Band Assembly hereby approves the increase of the burial assistance/insurance amount to \$7,000.00 and the family stipend to \$500.00 and amends the program policies and Burial Insurance Designation Form (See Exhibit A attached).

WE DO HEREBY CERTIFY, that the foregoing resolution was duly concurred with and adopted at a regular session of the Band Assembly in Legislative Council assembled, a quorum of legislators being present held on the 17th day of July 2003 at Hinckley, Minnesota by a vote of 2 FOR, 0 AGAINST, 0 SILENT.

IN WITNESS WHEREOF, we, the Band Assembly hereunto cause to have set the signature of the Speaker of the Assembly.

Herb Weyaus, Speaker of the Assembly

OFFICIAL SEAL OF THE BAND

DISTRICT I

43408 Oodena Drive • Onamia, MN 56359

DISTRICT II

36666 State Hwy 65 • McGregor MN 55760

DISTRICT III

Route 2 • Box 233-N • Sandstone, MN 55072

MILLE LACS BAND OF OJIBWE BURIAL INSURANCE POLICY

Purpose: The Mille Lacs Band of Ojibwe (MLBO) will provide a self-insured program to assist with payment for burial and/or burial related expenses. The following criteria shall be followed by the Office of Management and Budget (OMB) for all Band members:

1. Eligibility shall be for Mille Lacs Band of Ojibwe members. In instances where the deceased is not a Band Member, but is eligible for enrollment, payment to assist with funeral and burial expenses shall be at the discretion of the Band Assembly.
2. A Band member may designate a family member or closest living relative to take responsibility for all arrangements of his/her burial by filling out a "Burial Insurance Designation Form" (form is attached). If a Band member does not designate a specific individual, then the Band member's spouse, children, parents or siblings shall choose a family member amongst themselves to handle the burial arrangements and make such choice known to the funeral home and OMB. If a family dispute should arise concerning the appointment of a designated family member payee, the family's Elder shall settle such dispute and make such decision known to OMB before a stipend will be paid.
3. After the designated individual or chosen family member notifies the Band Assembly Office of a Band member's death, OMB shall make available a family stipend in the amount of \$500.00. This stipend is intended to assist the family with expenses for food, travel, lodging or miscellaneous expenses and shall be deducted from the total burial policy amount. Such stipend shall be paid by check to the designated individual or chosen family member who is charged with the responsibility of making burial arrangements.
4. The cost of burial, grave-digging and other related costs shall be covered under this plan, but no more than \$7,000.00 shall be paid for any Band member's burial/funeral expense. The cost of burial, grave-digging and other related costs shall be paid directly to the funeral home within thirty (30) days after OMB's receipt of an itemized billing statement.
5. In the event a Band member owns a private burial insurance policy for payment of his/her personal burial expenses, the Band shall authorize an amount of no more than \$2,000.00 to the designated responsible individual or chosen family member to pay for a headstone or other funeral related expenses.

6. The individual Band member's burial funds shall not be transferable to any other person for his/her burial expenses and shall be reserved in the MLBO General Fund.
7. In an instance where a deceased Band member has a completed "Burial Insurance Designation Form" on file with OMB and the burial items total less than \$7,000.00, the balance shall be paid to the designated beneficiary to be used as they decide.
8. If, for any reason, the named designated individual on the Burial Insurance Designation Form cannot be found to perform the necessary duties connected to the burial service, the next closest living relative or other family member may be chosen according to the terms of No. 3 of this burial insurance policy.
9. At its sole discretion, the MLBO may donate up to \$200.00 in monetary or non-monetary gifts to the official of a cultural service from funds appropriated for cultural activities. Such donation is outside of the \$7,000.00 burial insurance policy.
10. The MLBO assumes no liability for any costs related to an individual's funeral or burial in excess of the benefits provided by this policy.
11. The MLBO may, at its sole discretion and without further notice to Band members, amend or terminate the burial insurance program if it is deemed to be harmful to the Band's financial condition or for any other reason.

**MILLE LACS BAND OF OJIBWE
BURIAL INSURANCE DESIGNATION FORM**

Name: _____

Enrollment Number: _____

Social Security Number: _____

I hereby swear and attest that I am currently an enrolled Band member with the Mille Lacs Band of Ojibwe whose membership number is given above. I have read the Mille Lacs Band of Ojibwe Burial Insurance Policy before signing this Designation Form and understand all the conditions contained therein.

I understand that it my responsibility to sign and return this completed form to the Office of Management and Budget (OMB) to be kept in a confidential file. In the event of my death where no Burial Insurance Designation Form is on file, I understand that payment for my burial will be made according to the conditions of the burial policy.

I also understand that it is my responsibility to sign and return this completed form to the Office of Management and Budget (OMB) in order for any remaining burial policy funds to be paid to any designated individual or family member as per the conditions of the burial policy.

I further understand that I have the right to change the designated individual at any time by filling out a new form and returning such signed form to OMB. I also agree to make any necessary changes to this form showing any change of address of the designated individual.

I, my heirs, assigns or estate agree to hold harmless the Mille Lacs Band of Ojibwe, its officials or any of its employees from any claims arising from the Band's administration of this burial insurance program.

I, _____, hereby designate _____ whose relationship to me is _____ and whose address is _____ to arrange for my burial and to receive payment of the burial insurance stipend and any remaining burial insurance funds after my burial expenses have been paid.

If the above-named individual is unable to perform the duties connected to my burial, I then designate _____ as my designated individual whose relationship to me is _____ and whose address is _____ to make arrangements for my burial and receive payment of the burial insurance stipend and any remaining burial insurance funds after my burial expenses have been paid.

Burial Insurance Designation Form

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I further designate that any burial expenses connected to grave-digging, casket expense or miscellaneous expenses owed to the funeral home shall be paid directly to the vendor before any remaining burial insurance funds are paid to the designated individual named above.

Signed and sworn to before me on this the _____ day of _____, 2____.

Notary Public, State of _____

My commission expires: _____

Notary Public