FUNERAL CLAIMS

If a claimant is filing for funeral/burial payment or reimbursement, the following MUST be included:

1. **Claim Form For Funeral Expenses**
   - a) **Claimant must fill out completely and sign.**
   - b) **All claims needing payment/reimbursement must be listed.**

2. **Funeral/Burial Expense Verification Form (to be filled out by provider (funeral home, cemetery, etc.)**
   - a) **Please make sure form is completely filled out and signed by the provider.**
   - b) **Is there an insurance policy?**
     - 1) **Dedicated funeral/burial policy?**
       - a) **Treat the amount of the policy as a Collateral Source.**
       - b) **CVR does not reimburse for funeral/burial policies.**
     - 2) **Life insurance policy?**
       - a) **Has life insurance paid for the funeral? If yes:**
         - i) **Beneficiary information must be listed on the Funeral Verification Form.**
         - ii) **In order to get reimbursed, the beneficiary must be a claimant.**
       - b) **Has the life insurance paid for the funeral? If no:**
         - i) **The funeral claim will be paid as if there is no insurance.**
         - ii) **The beneficiary will be paid by the life insurance company.**

3. **Provider invoices for funeral/burial costs**
   - a) **Must be listed on the Form for Funeral/Burial Expense Verification Form**
   - b) **All payments MUST be documented on the invoice, Funeral Verification Form, or a receipt from the provider, listing payer's name.**
   - c) **If more than one person has paid funeral expenses, each person should file a separate application as a separate claimant, but using the same CVR #. The Board will not pay a claimant for expenses paid by someone else.**

4. **The maximum allowable for funeral/burial expenses is $5,000 for crimes occurring before May 2, 2023 and $6,500 for crimes occurring after May 1, 2023.**

5. **Amounts owed to funeral/burial providers will be paid first -- before out-of-pocket expenses.**

*** Information on Funeral Claim Form, Funeral/Burial Verification Form, and invoice(s) must correspond.

CLAIM FORM FOR FUNERAL/BURIAL EXPENSES

Revised: September 20, 2024

THIS FORM IS TO BE COMPLETED BY THE CLAIMANT

CVR NUMBER: _____ Victim Name: _____

Claimant Name: _____

Your claim investigator is: _____ Phone: _____

NOTE: Neither the CVR Board nor the Sheriff's Office is responsible for your bills.

Therefore, neither the Board nor the Sheriff's office is to be listed as the guarantor on any invoices or statements.

STEP 1. ANSWER THESE QUESTIONS ABOUT YOUR EXPENSES.

1. A. Are you responsible for any of these bills? [ ] Yes [ ] No, then who?_____
   B. If not, have you paid all or part of them anyway? [ ] Yes [ ] No
   NOTE: If you answered NO to questions 1A or 1B; stop here. You cannot submit a claim for this expense.
   If you answered YES to either question, please continue.
2. Complete the following information for all insurance and/or benefit plans which might cover these expenses.
   If you have no insurance, please write "None" for company name.
3. Attach a Funeral/Burial Verification Form completed and signed for each provider (funeral home, cemetery, etc).

Company Name _____ Phone _____

Policy Number _____ Group Number _____

Address _____
(Street, City, State, & Zip Code)

STEP 2. LIST ALL EXPENSES. Include **current itemized** bills from the funeral home, cemetery, flowers, etc. Do **not** include bills paid in full by ***burial*** insurance.

Provider Name	Total Bill **+**	Amount paid by burial Ins., donations, etc. **-**	Amount paid by Life Ins. or Claimant **-**	Amount Owed to Providers **=**

YOU MUST ATTACH A COPY OF THE ITEMIZED BILL AND INSURANCE SETTLEMENT FOR EACH EXPENSE CLAIMED.

STEP 3. CLAIMANT SIGNATURE: _____

PRINT NAME: _____

DATE: _____

PLEASE SEND THIS FORM AND REQUIRED ATTACHMENTS TO YOUR CLAIMS INVESTIGATOR.

FUNERAL/BURIAL EXPENSE VERIFICATION FORM

Revised: September 20, 2024

THIS FORM IS TO BE COMPLETED BY THE FUNERAL OR BURIAL SERVICE PROVIDER

CVR NUMBER: _____

VICTIM: _____

CLAIMANT: _____

VICTIM SSN: _____

DATE OF CRIME: _____

CLAIM INVESTIGATOR: _____

ADDRESS: _____

_____

PHONE: _____

CLAIMANT INSTRUCTIONS:

1) Complete boxes on left.
2) Send the completed form, along with the itemized funeral bill, to your claim investigator.

FUNERAL/BURIAL PROVIDER INSTRUCTIONS:

A claim for funeral/burial expenses has been made under the Louisiana Crime Victims Reparations act at LA R.S. 46:1801-1822 on behalf of the above-named victim.

1) Please complete this form, attach the itemized invoice to it and return to the claim investigator.
2) Do not send form or bills directly to the CVR Board unless requested.
3) The Louisiana Crime Victims Reparations Board does not act as guarantor for any services rendered.

Date of Funeral/Burial: _____

According to your records, who is responsible for Funeral/Burial Expense? _____

NEITHER THE CRIME VICTIMS REPARATIONS BOARD NOR THE SHERIFF'S OFFICE CAN BE LISTED AS THE RESPONSIBLE PARTY OR GUARANTOR ON THE INVOICE OR STATEMENT.

Funeral/Burial Expenses/Payments

(PLEASE DO NOT LIST FINANCE CHARGES.)

Total Cost (must equal invoice total): $_____

Payments: Please list who made payments and the amount:

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

Current Balance $_____

Name, Address & Phone Number of Insurance Company:

_____

_____

_____

Phone Number: (___)_____Fax Number: (___)_____

Policy Number: _____

Group Number: _____

Name of Beneficiary: _____

Address and Phone Number of Beneficiary:

_____

_____

_____

Is this a dedicated funeral/burial policy: ☐ Yes ☐ No

_____

Name of Funeral Home or Burial Provider

_____

Address

_____

Authorized Signature Date

_____(____)_____

Printed or Typed Name Phone Number

_____(____)_____

Title Fax Number

_____

Federal Employer Identification Number