

F U N E R A L  F U N D I N G
OF MICHIGAN

REQUEST FOR FUNDING

Complete this form when reassigning a case to **Funeral Funding of Michigan** and fax it to our office. Please ensure the form is filled out completely to assist our office in efficiently verifying the policy and funding your case. *Use one worksheet per insurance company.*

Funeral Home: _____ Phone: (____) _____

Deceased: _____ DOB: _____ DOD: _____

SSN: _____ Cause: Nat Acc Homi Sui Pend

Insurance Company: _____

Policy #: _____ Policy #: _____ Policy #: _____

Value: \$ _____ Value: \$ _____ Value: \$ _____

Beneficiary(s): _____

Beneficiary(s): _____

Party responsible for funeral bill: _____

Assignment Amt: \$ _____ Who pays fee? Beneficiary Funeral Home

Do you have the insurance company Claim Form? Yes No Not Needed

Do you have the policy(ies)? Yes No Issue Date: _____

IF THIS IS A GROUP POLICY, PLEASE PROVIDE THE FOLLOWING:

Employer: _____ Contact: _____

Phone: (____) _____ Is the Deceased Retired or Active? Retired Active

Comments:
