



F
FAMILY

FUNERAL ALLOWANCE



PURPOSE

- A token of condolences made to the family of a deceased beneficiary.
- **Payment is to assist families with funeral expenses:**
 - **\$2,400** will be paid for Cook Island Pensioner.
 - **\$1,200** will be paid for NZ Pensioner.
 - **\$1,200** will be paid for Infirm or Destitute beneficiary.
 - **\$600** will be paid for children on child benefit.



FOR WHOM

Cook Islands Welfare Beneficiaries

- Child Benefit recipients.
- Infirm and Destitute recipients.
- Cook Islands Old Age Pension recipients.

Persons collecting the New Zealand Pension may be eligible if he/she has resided in the Cook Islands 12 months prior to his/her death.



APPLY

1. Collect application from Main Office in Tupa OR phone to have form emailed to you. To download application visit our website **www.intaff.gov.ck**
2. Fill and sign form; attach required documents.
3. Submit complete application to Main Office or email it to: **welfare@intaff.gov.ck**

For any enquiries please call +682 29370 or send through your query via email above.



YOU NEED

- Passport IF place of death was overseas or if deceased person is a recipient of the NZ Pension/ Super.
- Death Certificate.
- Invoices for funeral expenses—INTAFF pay's what is owed directly to the supplier but limited to entitlement amount set above.
- Receipts of funeral expenses—INTAFF reimburse family entitlement amount or remaining balance.
- Bank Account Details for reimbursement only
- Applicant's Valid ID—Drivers License or Passport

CHECKLIST FOR A FUNERAL ALLOWANCE APPLICATION

Eligibility:

- ☐ Deceased Cook Islands welfare benefit recipients (Pensioner, Child, Infirm, Destitute) and NZ Pensioner

Note: NZ Pensioner must have resided in the Cook Islands 12 months prior to Death

Supporting Documents:

- ☐ Death Certificate
- ☐ Passport
- ☐ Invoices and/or Receipts for Funeral Expenses
- ☐ Identification of Applicant – Valid Driver's License/Passport

Please Note:

- *INTAFF will pay what is owed by the family directly to the supplier*
- *INTAFF will reimburse the family entitlement amount or remaining balance after Invoice cost is paid*
- *Entitlement amount varies depending on benefit type*



GOVERNMENT OF THE COOK ISLANDS
MINISTRY OF INTERNAL AFFAIRS

P O Box 98, Rarotonga, Cook Islands * Tel: (682) 29-370 * Fax: (682) 23-608 * E-mail: welfare@cookislands.gov.ck

SOCIAL WELFARE APPLICATION FOR SPECIAL ASSISTANCE - FUNERAL

PLEASE INDICATE THE TYPE OF BENEFIT THE DECEASED WAS RECEIVING:

☐ OLD AGE PENSION ☐ CHILD BENEFIT ☐ INFIRM RELIEF ☐ DESTITUTE RELIEF

DECEASED BENEFICIARYS' DETAILS

FIRST NAME: _____
SURNAME: _____
Date Of Birth: ____/____/____ GENDER: ☐ MALE ☐ FEMALE
Date Deceased: ____/____/____
ISLAND: _____ VILLAGE: _____

SUPPORTING DOCUMENTS

I have provided all the required supporting documents

☐ Death Certificate/ Notice of Death ☐ BCI Bank Card/ Passbooks
REF: _____ A/C Name: _____
A/C No: _____

DETAIL OF EXPENSES – you must provide invoices & receipts.

Expenses and invoice number.	COST
1.	
2.	
3.	
4.	
5.	

YOUR DETAILS (person whom completed the application form must also provide a form of i.d eg: drivers licence, passport or birth certificate)

FIRST NAME: _____ SURNAME: _____
Your relationship to the beneficiary: _____ Your contact number: _____

The information I have provided is true and complete. The conditions of receiving this benefit/assistance have been explained to me and I understand these conditions.

Signature of applicant: _____ date: _____

OFFICE USE ONLY

Statement by Officer: I have explained the conditions for receiving of this benefit/ assistance and explained what the clients obligations means and the reason for them. The client has indicated that he/ she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print) _____ Signature _____ date _____

Additional Information:

Recommendation:

(Outer Islands/ Rarotonga)

Application received by: _____

Dates

Application received: _____
 Supporting documents : _____
 Supplementary documents: _____
 Referred to Main Office _____
 O/Island Application No. _____
 Head Office Application No. _____

(Rarotonga ONLY)

Application received by: _____

Dates

Pay period: _____
 Payment amount: _____
 Other payment: _____
 Payment amount: _____
 Addition Voucher No. _____
 Main Vchr from: _____

FOR DIRECTOR/ COMMITTEE

Decision: _____

Name (print) _____ Signature _____ date _____