



TURTLE MOUNTAIN BAND OF CHIPPEWA

HIGHWAY #5 WEST
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General Welfare Exclusion (GWE) Program Application

Bereavement Benefit Assistance

This program provides support to a deceased tribal member’s family to assist in paying for the cost of funeral services. This GWE program has been adopted by the tribal council on 07/01/2020. Payments to support these expenses are not taxable to the tribal member who receives the payment per the General Welfare Exclusion Act of 2014. The Turtle Mountain Band of Chippewa Indians aims to ensure our community has support during this coronavirus pandemic. The bereavement benefit for enrolled tribal members who walk on is established at \$1,000. There is only one assistance payment and al

These funds are intended to provide for an enrolled tribal member’s funeral services and other final expenses. No cash payments will be made to any beneficiary without proof that the individual is responsible for making funeral arrangements for the deceased. All applicants must reside within the boundaries of Rolette County or the Trenton Service Area and the deceased shall have been domiciled in one of the four districts of the Turtle Mountain Band of Chippewa Indians and/or having funeral services in the area. Additionally, no assistance will be made for funerals held outside of Rolette County, including gas or other travel expenses for funerals held outside of Rolette County. Finally, any family members involved with the funeral must agree to be represented by the person responsible for making funeral arrangements.

GWE Applicant Information

Your Full Name: _____ Today’s Date: _____
Last *First*

Your Address: _____
Address

City *State* *ZIP Code*

Your Enrollment Number: _____ Your Relationship to the Deceased _____

Your Phone Number _____

Name of Deceased _____ Enrollment Number: _____
Last First

Address of Deceased _____
Address

City State ZIP Code

Date of Passing _____ Place of Passing _____

District: _____ Council Rep. _____

Other notes:

GWE Bereavement Benefit Payment Information

Who is authorized to pick up the check? _____ Date Preferred: _____

Disclaimer and Signature

I certify that I am the person designated as the recipient of the bereavement benefit funds. By signing this document, I agree that I am responsible for paying out those funds to the funeral service providers who provide services for the deceased tribal member who is eligible for this GWE program.

Signature: _____ Date: _____

For internal purposes:
Signature and date of TMBCI staff member processing application:
Check Number: