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Administrator

The State of South Carolina  
Department of Consumer Affairs  
2221 Devine Street, Suite 200  
P. O. Box 5757  
Columbia, SC 29250-5757  
www.scconsumer.gov

**Loss Reimbursement Fund Application**

Please complete the following application and include all requested information before submitting the application to the South Carolina Department of Consumer Affairs. Please type or print.

**Name of the Deceased:** \_\_\_\_\_

**Executor/Personal Representative for the Estate of the Deceased:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



**Name of Applicant (if different from above):** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship of applicant to the deceased:** \_\_\_\_\_



**Name & Address of Funeral Home that caused the loss:** \_\_\_\_\_

**Funeral Director's name:** \_\_\_\_\_

**Amount paid to this funeral home and/or funeral director: \$** \_\_\_\_\_



**Name & Address of Funeral Home that performed services:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number of Funeral Home:** \_\_\_\_\_

**Funeral Director's Name:** \_\_\_\_\_

**When where the funeral services performed:** \_\_\_\_\_

**Has the funeral home been paid for their services:** \_\_\_\_\_

**Have you received any reimbursement from the funeral home, insurance companies or others for this loss?**

**YES or NO** *If the answer is yes; please provide the amount(s) and details of this reimbursement.*

\_\_\_\_\_

\_\_\_\_\_

## Preneed Loss Reimbursement Fund Application Part II

Please include copies of the following documents to the original loss with your application:

1. A brief statement explaining how your loss occurred
2. The preneed funeral contract, statement of goods and services or written funeral agreement which is the basis of your loss
3. All cancelled checks (copy front and back)
4. All payment receipts
5. A certified death certificate
6. Any documents showing efforts to obtain reimbursement from the funeral home, insurance companies or others
7. The funeral goods and services statement from the funeral home providing funeral services and payment receipts or cancelled checks if the services have been paid for.

This is to certify that the information included on this application is true and correct.

**Note: Any false or misleading information in this application may be grounds for rejection of the application.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed Name of Applicant**

**Date:** \_\_\_\_\_

**SWORN** to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Notary Public for South Carolina**

My Commission Expires: \_\_\_\_\_

Please send completed applications to: The South Carolina Department of Consumer Affairs  
P. O. Box 5757  
Columbia, SC 29250-5757  
ATTN: Preneed Loss Reimbursement Fund

*\*The Department of Consumer Affairs shall investigate all applications made and may reject or allow claims in whole or part. All payments are a matter of privilege and not a right, and no person has a right in the fund as a third party beneficiary or otherwise. Reimbursement can not exceed total payment made for preneed funeral services or merchandise or both. No interest or future graduated insurance benefits may be reimbursed and reimbursement may be made only to the extent to which losses are not bonded or otherwise covered.*