

Assignment of Benefit

I, _____ being entitled to receive benefits under the State
(Beneficiary)

of Delaware Self Insured Program for Volunteer Fire Companies on the life of

_____, now deceased, and having contracted with and being

indebted to _____
(Funeral Home) (address)

_____ for funeral services and merchandise for the deceased in the

amount of _____ Dollars (\$ _____)

do hereby set over, assign and transfer unto said Funeral Director the sum of

_____ Dollars (\$ _____)

out of the proceeds of said benefit; and I hereby authorize and direct the State of Delaware

Insurance Coverage Office to make its check payable to said Funeral Director/Home for the

assigned amount payable under Delaware Code Title 18 §6750 Volunteer Firefighters – Funeral

Expenses. A statement of charges for funeral expenses for the deceased is attached hereto.

Address: _____

Date Signed: _____

Sworn and subscribed before me

the _____ day of _____, _____

Notary Public

My Commission Expires _____