

Period Ending:



Burial Association Name:	<input type="text"/>
Contract Funeral Home Name:	<input type="text"/>

Mark with "X"

"Old" Business:

"New" Business:
 (Act 443 of 1987)

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP, [6d]

AMOUNT PAID TOTAL:
 (All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAID
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42								
PAGE 1 SUBTOTAL:								

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AMOUNT PAID TOTAL:
 (All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAID
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NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAID
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PAGE 3 SUBTOTAL:								

NOTES:

The BENEFITS PAID Exhibit is required to report any payments issued by the B.A. This includes any credits applied toward an itemized Statement of Funeral Goods and Services at the time of need. A benefit may be paid after it has been "rendered" during the period in which it was incurred or if it was a Benefit Owing from a prior reporting period (not more than two periods following the period in which it incurred).