

Revocable Burial Fund Provision for SSI Related Healthcare

Name of applicant/recipient	Client ID number
Name of person making statement (if other than above applicant/recipient)	Relationship
<p>I understand that Medicaid allows certain funds to be set aside for burial. Funds may be set aside in a revocable or irrevocable account. (Please use Form 14-540 if funds are held in an irrevocable account). I hereby certify that:</p> <p><input type="checkbox"/> I do have funds set aside for burial, and the information listed below is true and complete to the best of my knowledge. I hereby designate the funds described below as being set aside for burial.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> \$ _____ for myself <input type="checkbox"/> \$ _____ for my spouse </p> <p><input type="checkbox"/> The funds are held in a separate account.</p> <p><input type="checkbox"/> The funds are not held in a separate account. Is the balance of the account to be used for burial? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The funds are held in:</p> <p><input type="checkbox"/> Bank account; account number: _____</p> <p><input type="checkbox"/> Insurance policy; policy number: _____ policy date: _____</p> <p><input type="checkbox"/> Other (specify): _____</p>	
BANK, INSURANCE COMPANY, FUNERAL PROVIDER, OR OTHER WHERE FUNDS ARE HELD:	
Name	Telephone number
Street address	City State Zip code
Name	Telephone number
Street address	City State Zip code
<p>I understand that I must report the following to the Department of Social and Health Services:</p> <ul style="list-style-type: none"> Any use of the burial funds for some other purpose not related to burial. Any withdrawals or borrowing from the account, policy, or fund. Any deposits to the account or fund. Any interest paid to me or my spouse not left to accumulate in the account. Any purchase or gift of other life insurance, burial contracts, cash, or the establishment of an irrevocable burial account, etc. <p>I also understand that if any of the burial funds are used for a purpose other than burial, the total amount used may be considered available income in the month of withdrawal and may affect my eligibility.</p> <p>I understand I can be criminally prosecuted if I willfully make a false statement. I declare under penalty of perjury that the information given in this document is true.</p>	
Signature of person making statement (first, mi, last) write in ink	Date Telephone number