



Revocable Burial Fund Provision for SSI Related Healthcare

CASE NAME
CASE NUMBER

NAME OF APPLICANT/RECIPIENT	
NAME OF PERSON MAKING STATEMENT (IF OTHER THAN ABOVE APPLICANT/RECIPIENT)	RELATIONSHIP

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:

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.

\$ _____ for myself \$ _____ for my spouse

The funds are held in a separate account.

The funds are not held in a separate account. Is the balance of the account to be used for burial?
 Yes No

The funds are held in:

Bank account; account number: _____

Insurance policy; policy number: _____ policy date: _____

Other (specify): _____

BANK, INSURANCE COMPANY, FUNERAL PROVIDER, OR OTHER WHERE FUNDS ARE HELD:

NAME	TELEPHONE NUMBER
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME	TELEPHONE NUMBER
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STREET ADDRESS	CITY	STATE	ZIP CODE
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I understand that I must report the following to the Department of Social and Health Services:

- 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.

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.

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.

SIGNATURE OF PERSON MAKING STATEMENT (FIRST, MI, LAST) WRITE IN INK	DATE	TELEPHONE NUMBER
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