



## Irrevocable 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 14-539 if funds are held in a revocable account). I hereby certify that:**

I have the following funds set aside in an irrevocable account:

\$ \_\_\_\_\_ for myself
                         
  \$ \_\_\_\_\_ for my spouse

The funds are held in:

- Irrevocable tribal account\*
- Irrevocably assigned life insurance policy; policy number:\*\* \_\_\_\_\_
- Other (specify):\*\* \_\_\_\_\_

\*Tribal representative must complete tribal section below.

\*\*Provide DSHS with verification of irrevocably assigned life insurance documents, funeral home contracts or other Irrevocable burial provisions with this form.

TRIBE, INSURANCE COMPANY, OR FUNERAL PROVIDER WHERE FUNDS ARE HELD:			
NAME	TELEPHONE NUMBER		
STREET OR MAILING ADDRESS	CITY	STATE	ZIP CODE

I understand that I must report the following to the Department of Social and Health Services:

- Any additional deposits to the account or fund.
- Any purchase or gift of other life insurance, burial contracts, cash, etc.

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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TO BE COMPLETED BY TRIBAL REPRESENTATIVE
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I certify that the individual(s) indicated above has deposited funds in an irrevocable tribal account. The funds set aside are:

- Reasonable based on the anticipated expenses of this tribal member(s).
- Unavailable to the tribal member(s) for any purpose except burial.
- In the amount indicated above.

SIGNATURE OF TRIBAL REPRESENTATIVE	DATE	TELEPHONE NUMBER
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