



Burial Fund Intention Statement

If you have life insurance policies with cash value, bank accounts, or other assets set aside to pay for your burial, please list the policy and/or account numbers below along with the value for each. Please include the value of your burial plot and/or headstone, if you have them.

You may add funds to the account(s) as long as your total burial funds do not exceed the allowed maximum of \$10,000. The \$10,000 maximum amount includes the value of all items designated for burial such as pre-paid burial contracts, the cash value of all life insurance policies, bank accounts, CDs, burial plots, head stones, etc. Interest earned **after** you have designated an account for burial is excluded.

IMPORTANT INFORMATION ABOUT EXCLUDED BURIAL FUNDS

Once you have designated an account for your burial and the department has excluded the account(s), you **cannot** use the excluded burial funds for any reason other than your burial expenses nor can you permit anyone else to use the funds for any reason other than your burial expenses.

If you or anyone else adds a name to the burial account(s), withdraws, spends, sells, assigns, uses designated burial funds as collateral, or otherwise accesses the account(s) for any reason other than paying your burial expenses, you must notify the department within 10 days. Once you withdraw, spend, sell, assign, use designated burial funds as collateral, or otherwise access the account(s) for any reason other than paying your burial expenses the account(s) will become a **countable resource** and may result in the loss of Medicaid. If you receive Long-Term Care Medicaid, the Department will also need to know where the money was spent to determine if the transaction resulted in a transfer for less than fair market value and loss of LTC Medicaid due to a penalty period.

Name _____ Social Security number _____

I intend to use the following assets for my burial expense. (List only the accounts you plan to use for your burial expenses.)

Life insurance name and policy number	Cash value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Bank name and account or CD number	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Value of plot at time of purchase \$ _____ Headstone value at time of purchase \$ _____

Signature of applicant _____ Date _____

Signature of Benefits Programs Specialist _____ Date _____