

ABD Medicaid Burial Exclusion & Designation Form

SECTION FOUR			
TOTAL BURIAL ASSETS			
Total of Burial Contracts (C from Section 1)		\$	
Total of Burial Funds (Designated value)		\$	
Total Face Value of Life Insurance for Non FBR		\$	
Total Value of Life Insurance for FBR		\$	
Total Burial Assets		\$	
SECTION FIVE			
EXCLUDED BURIAL ASSETS			
The following assets are being applied toward the burial exclusion allowance of (\$10,000/\$1500):			
Type	Company/Bank Name	Account/Policy #	Amount applied to exclusion:
Burial Contracts			
Burial Funds			
Life Insurance			
Total burial assets applied to exclusion:			
SECTION SIX			
COUNTABLE BURIAL ASSETS			
The following assets cannot be excluded and are being applied to the resource limit:			
	Company/Bank Name	Account/Policy #	Amount counted toward resource limit:
Burial Contracts			
Burial Funds			
Life Insurance			
Total burial assets counted toward resource limit:			

I understand that any designated burial assets that are used for other purposes will be treated as income to me in the month following the month it is determined that the designated assets were used for a purpose other than burial. I further understand that any designated burial assets that are not used for my burial may be subject to estate recovery.

Client or Personal Representative

Date

NOTE: If burial funds or burial contract (non-excluded items) are excluded, the client or personal representative must sign this form. Otherwise, the form must be completed and placed in the case record as documentation, but does not have to be signed.