

**ALABAMA MEDICAID AGENCY
STATEMENT OF CLAIMANT OR OTHER PERSON
BURIAL FUND DESIGNATION**

Name of Claimant	Social Security Number
Name of Person Making Statement (if other than above claimant)	Relationship to Claimant

Understanding that this statement is for a right to payment of Medicaid benefits by Alabama Medicaid Agency, I hereby certify that the below listed funds and/or cash surrender value of life insurance are set aside, effective on the following date: _____, for the burial of the-above-named claimant for Medicaid benefits:

POLICY NUMBER OR ACCOUNT NUMBER	OWNER	BANK OR INSURANCE CO.	AMOUNT

I understand that use of any of the excluded funds for a purpose other than the burial for which they were intended may adversely affect the claimant's Medicaid eligibility. I agree to report information to the Medicaid Agency regarding:

- Any use of burial funds for a purpose not related to the burial of the individual for whom they were designated (this includes withdrawals or borrowing from the bank); _____
- Any deposits to the burial fund (do not include interest payments allowed to remain in the fund); _____
- Any interest paid to: the claimant, the claimant's spouse, or any other person, directly from the burial-fund; _____
- Any purchase or gift of life/burial insurance, burial contracts, etc. to pay for burial; or _____
- Any other change or use of the burial fund. _____

SIGN ON BACK

Public Law 97-248, effective November 1, 1982, provides for the exclusion from resources of burial spaces which are intended for the use of the individual, his/her spouse, or any other member of his/her immediate family. It further provides for the exclusion, subject to specified limits, of burial funds that are set aside for the burial expenses of the eligible individual and/or the eligible spouse.

I understand that anyone who knowingly makes a false statement or misrepresents material facts in an application to determine eligibility for Medicaid may be committing a crime punishable under Federal or State law, or both. I affirm that all information I have given in this document, or in support of it is true.

In signing this statement, I affirm that all information I have given in this document is true.

SIGNATURE OF PERSON MAKING STATEMENT

Signature (First name, middle initial, last name) (Write in ink)	Date (Month, day, year)
SIGN	Telephone Number
HERE	
Mailing Address (Number and Street, Apt. No., P.O. Box, Rural Route)	
City and State	Zip Code

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, and Zip code)	