

Instructions for completing the Administrator of Estate Designation Form

These instructions are only for the Administrator of Estate Designation Form, which allows Medicaid recipients to designate next of kin whom patient/resident trust funds should be distributed at the time of death. You will note that the blanks to be completed have been numbered, and the numbered instructions correspond with the numbered blanks. The following instructions indicate the information needed.

To Be Completed Prior To Death:

1. Enter the name of the Medicaid claimant.
2. Enter the name of the nursing facility in which the Medicaid claimant is currently residing.
3. Enter the name of the adult next of kin who will be the primary beneficiary. Please note that this individual **must** be an adult who is the Medicaid claimant's next of kin (i.e. spouse, child, parent, etc.). **Next of kin means any blood relative of the Medicaid recipient.** A Medicaid sponsor, Power of Attorney, Conservator and/or Guardian may **not** be the next of kin.
4. Enter the address of the adult next of kin who is listed as the primary beneficiary in #3.
5. Enter the name of the adult next of kin who will be the secondary beneficiary. Please note that this individual **must** be an adult who is the Medicaid claimant's next of kin (i.e. spouse, child, parent, etc.). A Medicaid sponsor, Power of Attorney, Conservator and/or Guardian may **not** be the next of kin.
6. Enter the address of the adult next of kin who is listed as the primary beneficiary in #5.
7. The signature of the Medicaid claimant. (The Medicaid claimant's own signature is needed here. You **must** have legal authority to sign for the claimant if they are unable to do so themselves.)
8. Enter the Social Security number of the Medicaid claimant.
9. The signature of the first witness. This individual must be over the age of 18.
10. The signature of the second witness. This individual must be over the age of 18. Each form **must** be signed by two witnesses.

To Be Completed By Facility After Death:

11. Enter the amount of monies that are being disbursed to the beneficiary.
12. Enter the month/day/year the monies were disbursed to the beneficiary.
13. Enter the name of the beneficiary who is receiving the monies being disbursed. Remember this person is **must** be the adult next of kin designated above.
14. Enter the address of the adult next of kin who is receiving the monies being disbursed. **Remember this person must be designated above.**