SPECIAL ASSISTANCE
BURIAL EXCLUSION DESIGNATION FORM

(this page completed by County Caseworker)

Applicant/Beneficiary: _____ Date: _____

County Caseworker: _____ Last 4 of SSN: _____

Special Assistance Program policies allow applicants/beneficiaries (a/b) a burial fund exclusion of up to $1,500 of otherwise countable liquid resources *if they are solely designated for burial expenses*.

Burial Exclusion Rules

- Always ask the a/b if there are resources that are intended to be used for burial purposes. **Any designation of burial funds MUST be discussed with and agreed upon by the a/b.**
- Use the $1500 burial exclusion to reduce countable resources when the a/b has excess liquid resources in:
  1. A revocable burial contract for his/her burial expenses,
  2. CV of life insurance on his/her own life, or
  3. Cash/bank accounts.
- The funds must be clearly designated as being set aside for burial.
- The funds must be kept <u>separate</u> from non-burial resources.
- **Do not** use burial exclusion if a/b has irrevocable burial arrangements valued at $1500 or more. Irrevocable contracts are not a countable resource *but are applied to and use up the burial exclusion*.

**** Review and apply all applicable Special Assistance burial exclusion policy in SA-3200 V.B. ****

Date of Designation (date of discussion with & agreement by A/B)	**Resource Type**	**Resource Description** (include name of financial institution, insurance company, location, account or policy number, etc.)	**Resource Value**	**Amount Designated for Burial**

Notes: _____

The a/b must agree to report to the Department of Social Services:

- ☐ Any use of burial funds not related to burial of a/b (includes withdrawal or borrowing from funds)
- ☐ Any deposits to the burial funds (do not include interest payments allowed to remain in the fund)
- ☐ Any interest paid to the a/b directly from the burial fund
- ☐ Any future purchase or gift of life insurance, burial contracts, etc. to pay for burial

IF THE FUNDS TO BE DESIGNATED ARE <u>CASH/FUNDS HELD IN A BANK ACCOUNT</u>:

- Obtain a/b's **written statement** as to whether they intend to use the funds for burial expenses (see *Burial Exclusion Designation Form – Appendix A* on next page).
- Inform a/b that cash funds intended for burial expenses *must not be commingled with other funds*.
- For applications, the funds must be separated and proof provided within 45/60 day processing time.
- For beneficiaries, proof must be provided prior to the effective date of termination.

SPECIAL ASSISTANCE
BURIAL EXCLUSION DESIGNATION FORM
APPENDIX A

(to be completed by applicant/beneficiary)

Applicant/Beneficiary: _____ Last 4 of SSN: _____
(PRINT NAME)

I intend to use the below funds specifically and only for my burial expenses:

Description of resource(s) - (include amount to be designated)

_____

_____

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

- any use of the burial funds for a purpose not related to my burial (this includes withdrawals or borrowing from the funds)
- any deposits to the above burial fund(s)
- any interest paid to the me directly from the burial fund(s)
- any future purchase or gift of life insurance, burial contracts, etc. to pay for my burial

I understand that I must provide proof to my Special Assistance caseworker within the timeframe explained to me that the designated funds have been separated from other non-burial funds (if applicable).

I understand that any use of the above designated burial funds for a purpose other than my burial will remove any exclusion on those funds from my total countable resources. (This includes withdrawals from the funds, borrowing from the funds, or commingling the funds with other non-burial funds.)

I understand that such a removal of exclusion could result in a program overpayment that must be paid back to the Special Assistance Program and/or may result in my loss of continued eligibility for Special Assistance benefits if it causes me to exceed the Special Assistance resource limit.

☐ I understand the above information and designate the resource(s) listed above for burial expenses.

☐ I DO NOT wish to designate resources for burial.

Applicant/Beneficiary Signature: _____ Date: _____

FOR COUNTY USE ONLY
Received by Caseworker: _____ Date: _____
(Caseworker Name)