

**Georgia Department of Human Services
Division Of Family and Children Services
ABD Medicaid Burial Exclusion & Designation Form**

A/R or Spouse Name _____ Date _____
Case # _____

Section 1: Burial Contract(s):

Name of Funeral Home _____

Funeral Home Address _____

Date contract was purchased _____

Is contract paid in full? _____ Yes _____ No

If yes, list purchase price minus any included sales tax: _____ (A)

If no, list below the items that have been PAID IN FULL to date.

Burial Space Item	Value

Total Paid in Full Burial Space _____ (B)

Subtract total paid in full burial space items from purchase price or amount paid to date to get the burial contract value.
_____ (A) - _____ (B) = _____ Value of burial contract _____ (C)

Section 2: Burial Fund(s):

Value of Burial Fund _____

Designated Value _____

Total Designated Value _____ (D)

Section 3: Life Insurance:

Enter the Face and Cash-Surrender Value of each life insurance policy owned under the appropriate heading.

Company Name	Type (Term or Whole)	Face Value Non FBR	CSV Non FBR	Face Value FBR	CSV FBR
Total		(E)		(F)	

Section 4: Total Burial Assets

Total of Burial Contracts (C)	\$
Total of Burial Funds (D)	\$
Total Face Value of Life Insurance for Non FBR (E)	\$
Total Value of Life Insurance for FBR (F)	\$
Total Burial Assets (C + D + E + F)	\$ (G)

Section 5: Excluded Burial Assets

Enter the assets that are being applied toward the burial exclusion allowance of \$10,000 (Non-FBR) or \$1500 (FBR).

Type	Company/Bank Name	Account/Policy #	Amount applied to exclusion
Burial Contracts			
Burial Funds			
Life Insurance			
Total burial assets applied to exclusion			

Section 6: Countable Burial Assets

Enter the assets that cannot be excluded and are being applied to the resource limit:

Type	Company/Bank Name	Account/Policy #	Amt. 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.

Signature of AR or AREP

Date

Printed Name

NOTE: If burial funds or burial contract (non-excluded items) are excluded, the A/R or authorized representative (AREP) 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.