

THE ALDERSON-FORD FUNERAL HOMES, INC.



FUNERAL HOMES, INC.

- ☐ 615 S. Main Street, Cheshire, CT 06410 203-272-7209
- ☐ 496 Chase Avenue, Waterbury, CT 06704 203-753-5112
- ☐ 82 Fairview Avenue, Naugatuck, CT 06770 203-729-2253



Assignment of Death Benefit under Individual or Group Life Insurance Policy to Funeral Home for Non-Guaranteed Pre-Need Funeral Service Contract(s) (CT Public Act 12-36)

Today's Date _____	Policy No. _____
Name of Insured _____	Face Amt. \$ _____
Name of Policy Owner _____	Cash Value \$ _____
Social Security No. _____	Life Insurance Company _____
Date of Birth _____	Address _____
Address _____	City/State/Zip _____
City/State/Zip _____	Phone _____
Phone _____	Fax _____

Important Notice: This form is provided by the Funeral Home for supplemental use only to accompany the Life Insurance Company's Change of Beneficiary form.

The anticipated death benefit of the policy(ies) listed above will be used as a credit for **non-guaranteed** Pre-Need Funeral Goods and Services for the Insured in the following manner for Medicaid compliance:

Irrevocable Funeral Service contract	\$ _____
Revocable Burial Space Allowances/Items contract	\$ _____

I, _____ the Insured and/or Policy Owner (or acting on behalf of the Insured and/or Policy Owner listed above) request the above named Life Insurance Company to immediately make the following change to the policy listed above.

Assignment of Death Benefit by Beneficiary Change to Alderson-Ford Funeral Homes, Inc. (☐ DBA Buckmiller Ford Mengacci Funeral Home), "the funeral home"

Provided that this assignment of death benefit is accepted by the above-named insurance company, the funeral home has agreed to accept the assignment of death benefit under the policy(ies) for the purpose of collecting the life insurance death benefit proceeds at the time of the insured's death, for non-guaranteed funeral expenses.

There is no guarantee on the cost of the funeral.

I understand and acknowledge that this pending assignment of death benefit is an assignment only, and NOT a payment, for a NON-guaranteed pre-need funeral service contract. The funeral home can only collect the death benefit after the insured's death, provided that the policy(ies) are in-force. Any charges itemized on the preneed Statement of Goods and Services attached with this assignment of death benefit, if any, are non-guaranteed and subject to change without notice. The death benefit from the in-force insurance policy(ies) will be applied as a credit towards the funeral expense bill at the time of death, using the prices that are in effect at the time of death. If the policy(ies) are not in-force or lapsed, the entire funeral expense bill will be due by the buyer(s) who signs the contract at the time of death.

****I understand that the Life Insurance Company shall pay the death benefit, if any, to the funeral home. Upon the death of the beneficiary, the state of Connecticut shall receive any amounts remaining after performance of the irrevocable funeral service contract, up to (1) the total amount of medical assistance paid by the state of Connecticut on behalf of the beneficiary that is recoverable under 42 USC 1396p, and (2) the total amount of all other forms of public assistance paid by the state of Connecticut on behalf of the beneficiary or his or her dependent child. A check for the excess funds should be made payable to the Department of Social Services and mailed to the Department of Social Services no later than sixty (60) days following completion of services to the following address: Department of Social Services, 55 Farmington Avenue, 4th Floor, Attn: Resources & Recoveries Unit, Hartford, Connecticut 06105-3730.**

I acknowledge that by accepting the assignment of death benefit the funeral home is not responsible and will not keep the policy(ies) in force in any way, including but not limited to: premium payments, loan repayments, and/or reinstatement of policies costs. I understand that any payment or premium paid on the policy(ies) must and will continue to be paid in the manner that had been done prior to this assignment of death benefit or the policy(ies) may lapse.

I certify that the premium payment plan at this time is: \$_____ with a frequency of
☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐ Other_____

I understand that since it is with the intention of this assignment of death benefit to apply such death benefit towards the funeral of the insured, the funeral home will transfer the death benefit of the policy(ies) to another licensed funeral home if the insured, or the insured's legal representative, requests such a transfer in writing.

Signed in _____, CT, this _____ day of _____, 202_____.

Policy Owner/Other Signature:

Funeral Director on behalf of the Alderson-Ford
Funeral Homes, Inc.:

Name: _____

Name: _____

Address: _____

Funeral Director License No. _____

City/State/Zip _____

Alderson-Ford Funeral Homes, Inc.

Phone: _____

TIN #: _____

Relationship to Insured: _____