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MEDICAID ELIGIBILITY  
FORMS AND INSTRUCTIONS

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DOM-321B - DESIGNATION OF BURIAL FUNDS

PURPOSE & USE

This form documents the client's designation of burial funds. It is to be completed by the worker and signed and dated by the client or representative in each instance when the burial fund exclusion is applied. If no portion of a client's burial fund is excluded, there is no need to complete this form.

Funds set aside for burial may be in the form of a bank account, life insurance, revocable burial contract, or some other form of funds, including cash. DOM-321B must be completed regardless of the form in which the funds are held if the burial exclusion is applicable.

INSTRUCTIONS

Prepare an original and 1 copy. The original is retained in the case record and the copy provided to the client or representative.

Enter the identifying information regarding the funds designated for burial. Show the total amount of funds set aside even though only a portion of the funds may actually be excluded.

TO BE COMPLETED BY THE MEDICAID REGIONAL OFFICE: In the spaces provided, enter the amount of the designated funds which can be excluded and the amount which is a countable resource as determined by completion of DOM-321A, Burial Assets Exclusion Worksheet.

SIGNATURE OF CLIENT OR AUTHORIZED REPRESENTATIVE: The client or representative must sign and date the form in order for the designation to be official.

The date must be entered in order to determine whether the exclusion can be applied as of the date the funds were first set aside for burial. Refer to the burial exclusion policy for a discussion of the 30-day time limit for designating funds.

Case Name \_\_\_\_\_  
Medicaid ID # \_\_\_\_\_

**DESIGNATION OF BURIAL FUNDS**

Name of Person for Whom Funds Are Intended \_\_\_\_\_  
First Month Funds Were Set Aside for Burial \_\_\_\_\_  
Form in Which Funds Are Held \_\_\_\_\_

List below the specific identifying information concerning the burial funds:

Account No. or Policy No. \_\_\_\_\_  
Name on Account or Name of Policy Owner: \_\_\_\_\_

\_\_\_\_\_  
Name of Bank or Life Insurance Company or Funeral Home:  
\_\_\_\_\_

Total Amount of Funds Set Aside for Burial (current balance in bank account or current cash surrender value of life insurance policy or current value of revocable burial contract)

\$ \_\_\_\_\_

**TO BE COMPLETED BY THE MEDICAID REGIONAL OFFICE:**

Amount of Burial Funds Which Can BE EXCLUDED \$ \_\_\_\_\_  
Amount Which Must Be Counted As A RESOURCE \$ \_\_\_\_\_

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I understand that the funds or resource named above is designated for burial purposes only. A penalty for misuse will be applied if any excluded burial funds is used for a purpose other than burial. The penalty results in future Medicaid benefits due the client being offset by an amount equal to the amount of the funds misused.

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SIGNATURE OF CLIENT OR AUTHORIZED REPRESENTATIVE DATE