Step 3: CONTACT FUNERAL HOME FOR AN APPOINTMENT.

Contact the funeral director to schedule an appointment and provide the following information either before, or at the appointment time:

- The completed information and policy values from Step 2;
- The original policy;
- A copy of the POA, Guardianship, or Conservator papers, if applicable;
- The Change of Beneficiary form from the insurance company.
    - ***The policy owner must sign the Beneficiary Change form**. If a legal representative will sign for the policyowner, a copy of their legal document must be provided to both the Insurance Company and the funeral home.*

Step 4: MEET WITH THE FUNERAL DIRECTOR. During the appointment with the funeral director, you should receive:

a. An itemized, non-guaranteed, "Statement of Goods and Services" for Irrevocable and/or Revocable Burial Space Items.

b. A supplemental funeral home form regarding CT Public Act 12-36.

c. A photocopy of the completed and signed Beneficiary Change form.
   - Once completed, the funeral director will send the original beneficiary change form to the insurance company by mail and/or fax.

Step 5: SEND CONFIRMATION LETTER TO FUNERAL HOME.

When you receive a confirmation letter from the Insurance Company showing that they have processed the Change of Beneficiary form:

- Please send a copy of the confirmation letter to the funeral home by mail, email, or FAX: 203-272-8589
    - The funeral home will NOT know if the beneficiary change form is processed until you notify us with a copy of the confirmation letter from the insurance company.

For Future CT Medicaid Redetermination Periods:

The policy owner (or Power-of-Attorney, Conservator, or Guardian), must contact the insurance company directly for any (future) policy values, updates, or information. Since the funeral home is not the policy owner, the Insurance Company will not release any information about the policy to the funeral home.

THE ALDERSON-FORD FUNERAL HOMES, INC.

Alderson Ford Funeral Homes, Inc.

□ 615 S. Main St., Cheshire, CT 06410 203-272-7209

□ 496 Chase Ave., Waterbury, CT 06704 203-753-5112

□ 82 Fairview Ave., Naugatuck, CT 06770 203-729-2253

www.fordfh.com

Buckmiller Ford Mengacci Funeral Home

Pre-Need Personal Life Insurance

Assignment by Beneficiary Change to:

Alderson-Ford Funeral Homes, Inc.
615 S. Main Street, Cheshire, CT 06410
Phone: 203-272-7209 Fax: 203-272-8589
Tax Iden. No. (TIN #): 06-023-9150
100% Primary Beneficiary Designation

We strongly recommend that you consult with an Elder Law attorney for legal advice regarding your insurance policy and any Medicaid matters.
The information we provide is not a substitute for competent legal advice.

Step 1: CONTACT THE INSURANCE COMPANY. If you choose to keep the personal life insurance policy in-force, contact your Insurance Company and request/discuss the following:

a. Obtain the *CHANGE OF BENEFICIARY* form (the form may be available on the insurance company's website. ("Forms Library")

b. Obtain current policy values/premiums due/information to complete Step 2. Also, request policy values in writing from your insurance co.

c. Is there an Irrevocable Beneficiary on the policy?

d. Discuss if the policy owner is unable to sign and how having, or not having, a Power-of-Attorney (POA), Conservator, or Guardian document for the policy owner may affect the beneficiary change request.
   - If applicable, send a copy of the POA, Conservator, or Guardian document to the Insurance Company at this time.

Step 2: OBTAIN THE POLICY VALUES AND INFORMATION.

Complete all of the following information, obtain policy values from the insurance company and answer all of the questions:

Insured's Name: ____

Insured's Address:

Street____

PO Box____

City ____

State_______________ Zip Code ____________________

Phone Number: ________________________________

Social Security Number: __________ - _________ - _________

Date of Birth: __________/__________/______________

MM DD YEAR

Name of Insurance Company:

____

Address of Insurance Company:

Street____

PO Box____

City____

State_______________ Zip Code ____________________

Phone Number________________________________

Fax Number________________________________

Policy Number: ____

Policy Values:

- Face Amount of Policy: $_________________
- Current Cash Value of Policy: $_________________
- Current Loan taken on Policy: $_________________
- Current Death Benefit of Policy: $_________________

Is the policy fully "paid-up" (with no additional premiums due)?

_________ No _________ Yes

The policy's premium payments and/or loan repayments must be maintained independently from the funeral home, or the policy may become forfeited, lapsed, reduced, etc., depending upon the terms of your insurance policy. The Alderson-Ford Funeral Homes, Inc. does not take over any type of payments, including, but not limited to, any premium payments due and/or loan repayments on the policy.

What is the current Premium amount? $______________

- What is the frequency of when the premium is due?

  _________Monthly _________Quarterly

  _________Semi-Annually _________Annually

- How are the premiums paid?

  _________Checking acct. _________Savings acct.

  _________Other (specify):________________________

  _________by a Disability Rider contained within the policy.

Is there currently an *Irrevocable* Beneficiary on the policy?

(If unknown or unsure please ask the Insurance Company).

_________ No _________ Yes

If ***Yes***, *the Irrevocable Beneficiary must also sign the Insurance Company's Change of Beneficiary form (in addition to the policy owner).*

Is there a legal representative for the policy owner?

_________ No __________ Yes

If ***Yes***, please specify their legal capacity:

__________Power-of-Attorney

__________Conservator

__________Guardian

Legal representative's (or, if none, a family contact's) information:

Name: ____

Relationship to the Policy Owner: ________________________

Street Address: ________________________________

PO Box____

City ____

State_________________ Zip Code__________________

Phone Number: ________________________________

Email Address: ________________________________