

Instructions for completing the Administrator of Estate Designation Form

These instructions are only for the Administrator of Estate Designation Form, which allows Medicaid recipients to designate next of kin to whom patient/resident trust funds should be distributed at the time of death. You will note that the blanks to be completed have been numbered and the numbered instructions correspond with the numbered blanks. The following instructions indicate the information needed.

To Be Completed Prior to Death:

1. Enter the name of the Medicaid recipient.
2. Enter the name of the nursing facility in which the Medicaid recipient is currently residing.
3. Enter the name of the adult next of kin who will be the primary beneficiary. Please note that this individual **must** be an adult who is the Medicaid recipient's next of kin (i.e. spouse, child, parent, etc.). Next of kin means any blood relative of the Medicaid beneficiary/recipient. For additional information, please refer to Question 2 and Question 12 of the Questions and Answers for Nursing Home Alert.
4. Enter the address of the adult next of kin who is listed as the primary beneficiary in #3.
5. Enter the name of the adult next of kin who will be the secondary beneficiary. Please note that this individual **must** be an adult who is the Medicaid recipient's next of kin (i.e. spouse, child, parent, etc.). For additional information, please refer to Question 2 and Question 12 of the Questions and Answers for Nursing Home Alert.
6. Enter the address of the adult next of kin who is listed as the secondary beneficiary in #5.
7. The signature of the Medicaid recipient. (The Medicaid recipient's own signature is needed here. You **must** have legal authority to sign for the claimant if they are unable to do so themselves.)
8. Enter the Social Security number of the Medicaid recipient.
9. The signature of the first witness. This individual must be over the age of 18.
10. The signature of the second witness. This individual must be over the age of 18. Each form **must** be signed by two witnesses.

To Be Completed By Facility After Death:

11. Enter the amount of funds that are being disbursed to the beneficiary.
12. Enter the month/day/year the funds were disbursed to the beneficiary.
13. Enter the name of the beneficiary who is receiving the funds being disbursed. Remember this person **must** be the adult next of kin designated above.
14. Enter the address of the adult next of kin who is receiving the funds being disbursed. Remember this person must be designated above.

Administrator of Estate Designation Form

Regarding Patient/Resident Trust

Be it known to all, that I, 1, a resident of
(Name of Medicaid Recipient)

2, hereby to declare and designate that
(Name of Facility)

3, an adult next of kin, who resides at
(Name of Primary Beneficiary)

4 shall receive
(Address of Primary Beneficiary)

all monies held in my personal trust account held at said facility, if any, at the time of my death. If the above named
adult next of kin predeceases me in death, I declare and designate that 5,
(Name of Secondary Beneficiary)

an adult next of kin, who resides at 6,
(Address of Secondary Beneficiary)
receive all monies held in my patient/resident trust account.

By my signature below, I further declare that I am competent to execute this document and have done so voluntarily, free of undue influence, coercion, or duress of any kind. I further state that I have the right at any time to modify this form and designate another adult next of kin to receive the monies held in my patient/resident trust account. I understand that my estate may be subject to recovery of any funds expended by Medicaid pursuant to 42 U.S.C. § 1396p.

7

Medicaid Recipient *(Signature)*

Date

8

Medicaid Recipient's Social Security Number

9

Witness

Date

10

Witness

Date

FOR FACILITY USE ONLY:

Total Funds Distributed: 11 Date of Distribution: 12

Sent to: 13

Address: 14

Fax completed form to the Alabama Medicaid Agency/Estate Recovery Unit at 334/353-4820 **and** provide a copy of this form to the beneficiary of the funds to inform them of potential estate recovery.