I012 FUNERAL AGREEMENT REFERRAL

This notice is to inform you that a medical assistance recipient has

reported ownership of a prearranged funeral agreement through your

funeral home. The following person(s) have reported an agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per state law, excess funds remaining in a prepaid funeral agreement

following payment of funeral expenses are paid to KDHE to the extent

of medical assistance expended on an individual who is or has been a

medical assistance recipient. This requirement is also applicable to

the spouse of medical assistance recipient. This notification is to

assist you in complying with such requirements.

Please notify the bank, savings and loan, credit union, insurance

company or other entity involved with funding the funeral agreement of

this information. This notice meets the requirements of K.S.A. 16-303, 16-304 and

16-311.