

Beginning July 1, 2008 state law requires that before a trustee can disburse preneed funds, they must “*verify the death of the individual and that the beneficiary fully performed all funeral and burial services provided for in the contract.*” This must be documented. The only way we can be certain we are complying with the law is to obtain the signature of a family member.

While the State Board is required to adopt rules defining how to comply with this law, MasterChoice will utilize this format until those rules are adopted.

MasterChoice users can simply copy this form onto their letterhead to create a customized claim form.

MasterChoice®
PRENEED CLAIM FORM
Fax claim form to 317-846-6534

Name of Deceased (Contract Beneficiary) _____

Date of death _____ Social Security number _____

FUNERAL HOME TO RECEIVE PAYMENT FROM TRUST:

Funeral Home Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Funeral Director Statement:

I do hereby certify that our firm has performed all services and provided all merchandise specified in the above preneed contract. We hereby request release of the funds held in trust and ask that a check be mailed to us funds be direct deposited into our account according to our existing instructions. *[Check appropriate box. This form must be accompanied by a completed and executed copy of the death certificate.]*

Signature of funeral director

Funeral Director license number

Family Member or Personal Representative of the Deceased Statement:

I do hereby certify that the funeral home has performed all services and provided all merchandise specified in the above preneed contract and is therefore entitled to receive all funds held in the funeral trust.

Signature

Relation to deceased