

ADDENDUM TO PRENEED CONTRACT

1. **PARTIES:**

"FUNERAL HOME": _____
(Name of Funeral Home)

"BENEFICIARY": _____
(Preneed Contract Beneficiary)

2. **SUPPLEMENTAL FUNDS:** The Addendum is being entered into to provide for the payment of funeral services for Beneficiary's spouse and/or burial space items for the Beneficiary's immediate family members in the event there are funds remaining ("Supplemental Funds") after the Beneficiary's funeral services have been fully paid for. If there are any Supplemental Funds remaining, the Beneficiary directs that they remain or be placed into trust with the Funeral Home to purchase funeral services for Beneficiary's surviving spouse and/or burial space items for the immediate family members listed on the next page. This Addendum shall be governed by section 4717.36 of the Ohio Revised Code and Medicaid Regulation 5101:1-39 of the Ohio Administrative Code.

3. _____ **SPOUSE:** By initialing this Section, the Beneficiary directs the Funeral
(Initials)
Home to use the Supplemental Funds for funeral services and funeral merchandise for Beneficiary's surviving spouse upon the spouse's death.

4. _____ **IMMEDIATE FAMILY MEMBERS:** By initialing this Section, the
(Initials)
Beneficiary directs the Funeral Home to use the Supplemental Funds to purchase the designated burial space items for the immediate family members listed on the next page. Unless the Beneficiary indicates on the priority list for whom the Supplemental Funds are first to be used, they will be expended for immediate family members in the order of their death. Any Supplemental Funds remaining shall remain in trust and be used for the surviving immediate family members in the order of their death until the Supplemental Funds are exhausted.

5. **BURIAL SPACE ITEMS:** On the next page, the Beneficiary has designated those burial space items that are to be provided to the designated immediate family members by the Funeral Home upon their death. The prices for those burial space items will be the prices prevailing upon the date the items are used.

6. **EXCESS SUPPLEMENTAL FUNDS:** If there are any Supplemental Funds remaining after all purchases provided for herein have been made, such surplus Supplemental Funds shall be paid to the estate of the Beneficiary.

DATE:

SIGNATURE OF REPRESENTATIVE:

IMMEDIATE FAMILY MEMBERS

Immediate family members may include the Beneficiary’s parents, minor or adult children, including adoptive and step-children, siblings, including adoptive and step-siblings, and the spouses of immediate family members.

<u>FULL NAMES OF IMMEDIATE FAMILY MEMBERS</u>	<u>RELATIONSHIP TO BENEFICIARY</u>	<u>PRIORITY LIST (Leave blank if Supplemental Funds are to be used in the order of death of the immediate family members)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BURIAL SPACE ITEMS

Check the box next to the Burial Space Items that the Funeral Home is instructed to provide Immediate Family Members with the Supplemental Funds.

- 1. Casket or Urn
- 2. Burial Vault of Urn Vault
- 3. Grave Plot or Mausoleum or Niche
- 4. Monument or Marker for Grave
- 5. Opening and Closing Charges for Grave