



**First Party Supplemental Needs Trust  
Notice that Trust Funds are Frozen at Death**

Federal and state law require that a first-party supplemental needs trust (one having a Medicaid Pay-Back provision) be frozen immediately upon the Beneficiary’s death until any claims submitted by Medicaid have been resolved.<sup>1</sup> This requirement means that disbursement and/or expense reimbursement requests submitted after the Beneficiary’s death cannot be paid using trust funds. **THIS INCLUDES CREMATION, FUNERAL, AND BURIAL EXPENSES.**

Please initial next to the following paragraphs to acknowledge that you have read and understand them.

\_\_\_\_\_ **Alabama Family Trust strongly recommends that Representatives submit disbursement requests and expense reimbursement requests as soon as they are incurred.** These forms may be found on the Alabama Family Trust website. Completed forms and supporting documentation may be submitted by mail, fax, or email. ***Please remember: Because the trust is frozen at death, expenses not submitted before the death of the Beneficiary (even if they were incurred before death) cannot be paid using trust funds.***

\_\_\_\_\_ **Alabama Family Trust strongly recommends that Representatives secure pre-paid cremation or funeral and burial arrangements as soon as possible.** These arrangements may be made with the funeral director of your choice. The disbursement request for the pre-paid arrangements must be submitted to the Alabama Family Trust Board for approval if payment for the arrangements will come from the Beneficiary’s trust. Please refer to the Pre-Need Funeral Disbursement Form on the Alabama Family Trust website. ***Please remember: If the Beneficiary dies before the pre-need funeral plan is in place, trust funds CANNOT be used to pay cremation, funeral, and burial expenses.***

Please sign below to acknowledge that you have read and understand that funds held by Alabama Family Trust for the Beneficiary are frozen at the Beneficiary’s death until any claims from Medicaid have been resolved.

Acknowledged By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

<sup>1</sup> See SSA-POMS: SI 01120.203(D)(8) and Ala. Code 1975 § 38-9B-5(8)b.