

BURIAL RESOURCE STATEMENT

NAME *(Individual or Parent)*:

SOCIAL SECURITY NUMBER:

NAME *(Spouse or Parent's Spouse)*:

SOCIAL SECURITY NUMBER:

RE:

(Description of Resource(s))

designated as funds for the burial of

I understand that I must keep the designated funds separate FROM NONBURIAL RESOURCES.

I also understand that use of any of the excluded burial funds for a purpose other than the burial for which they are intended may mean that future supplemental security income (SSI) benefits will be withheld. Any future SSI benefits **will be withheld** until the Social Security Administration (SSA) has recovered the amount of misspent burial funds if, at the beginning of the month of spending, the total of

- countable resources and
- excluded burial funds prior to spending

exceeds the SSI resource limit.

I agree to report to the Social Security Administration:

- Any use of burial funds for a purpose not related to the burial of the individual for whom they were designated (this includes withdrawals or borrowing from the funds);
- Any deposits to the burial funds (do not include interest payments allowed to remain in the fund);
- Any interest paid to me or my spouse directly from the burial fund; or
- Any purchase or gift of life insurance, burial contracts, etc., to pay for burial.

SIGNATURE *(Individual or Parent)*:

DATE *(Month, Day, Year)*:

SIGNATURE *(Spouse or Parent's Spouse)*:

DATE *(Month, Day, Year)*: