



Please observe each of the following:

- Bring documents to your appointment. We will review them together. Unless specifically requested, please do not transmit documentation in advance.
 - We will copy & return originals. **If you wish to make your own copies, please:**
Make each copy one-sided & legible so it can be FAXED in the future.
Copy both sides of each card (ID/ insurance / etc.). Place each card on a separate page.
Copy **EVERY** page of bank / financial records (even those 'intentionally left blank')
 - If the benefits applicant is married, bring **ALL** of the requested materials for each spouse.
 - **For verifications of income / expenses:** please supply a written verification or letter from the source (Social Security Admin. / Pension Provider / Health Insurance Carrier / etc.) We cannot accept a deposit or expense bank account line item as verification for income or expense.
 - If you are e-mailing confidential material, please request a link to & use our encrypted e-mail service.
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Personal Records:

1. Estate Plan Documents [Trust, Last Will & Testament, POA, Health Care Dec., Living Will, Advance Directive, Appointment of Health Care Rep. POST, etc.] (if any). If H&H prepared the document(s) we have a copy.
 2. Documentation reflecting the applicant's most recent hospital admission and discharge dates. (If any). If presently institutionalized, also obtain an Admission Record (often called a "FACE" sheet) with the applicant's admit date. Also obtain the anticipated termination date of any Medicare coverage, the daily private pay rate for long-term-care, and whether the facility has a Medicaid certified bed available.
 3. Name, Address, Phone #, and e-mail for each of the applicant, his/her spouse, all children and all other parties nominated as a fiduciary (agent) or beneficiary in the applicant's (or his/her spouse's) estate plan.
 4. Comprehensive copy of any Long Term Care Insurance Policy along with a recent statement (within the past year) of the present benefit levels.
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Identification:

5. Passport, Driver's License, **or** State ID (an expired document is OK).
 6. Birth Certificate, Medicare Card, **and** Social Security Card.
 7. Marriage License of applicant **OR** the Death Certificate for a pre-deceasing spouse. (As applicable)
 8. Supplemental Insurance Cards (Health, Vision, Dental & Drugs) for the applicant along with verification of the premium from each company. (payment coupon / letter/ etc.) A bank statement will **not** suffice.
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Income: *(Please do NOT provide the 1099 tax form or a bank statement for income verifications.)*

9. Statement of Monthly Benefit from the Social Security Administration. Generally, these are issued in December or you can also obtain it online if the applicant has an SSA account. If needed, call the SSA at **1-800-772-1213** and use the automated system to request a "Proof of Income Letter". Please do NOT become rep-payee unless we specifically request that you do so.
10. Written verification of any pension, retirement or union benefit, please forward a copy of the most recent check or obtain written verification of the **gross** benefit amount as well as an itemized list of any deductions withheld from said benefit payment.

11. Employment pay stubs for the last 4 pay periods for the applicant and/or spouse.
 12. If the applicant or their spouse owns any income-producing real estate or personal property, please provide a copy of any lease, repayment agreement, or similar document regarding the arrangement, as well as deeds or other documentation identifying the asset and/or transaction.
 13. A full copy of the last filed federal and state tax returns.
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Asset Data:

14. Location of any safe deposit box and a written itemization of its contents.
15. Deed(s) to all real estate owned by the applicant and spouse as well as deeds to any real estate bought or sold within the past 5 years and the corresponding HUD-1 Settlement Statement. You should have acquired the deed to your real estate at the time of purchase.
16. For the current month and 4 prior months, provide full acct. statements for all Chk., Sav., C/D., annuity, brokerage, 401(k), 403(b), IRA, and any / all other investment account(s). Provide **ALL PAGES** of each statement. Plan to continue providing successive statements throughout the course of the project until advised otherwise. Also provide any account beneficiary information.

If there is any account for which you do not have a statement, please obtain correspondence from the institution where the fund or security is held setting out the current value of the account or investment.

17. Title(s) to any/all automobile(s), recreational vehicle(s), trailer(s), etc. Also bring the current mileage and any current loan statement on each. If you do not have a title, please bring the current registration.
18. For each life insurance policy, please bring the contract and **current** (within the past 6 months) documentation from the company setting out the current death benefit amount AND the current cash surrender value. NOTE - The values change regularly and the illustration values in the contract cannot be used.

If the policy documentation you already possess does not set out the current name of the policy: (I) owner, (II) insured, and (III) beneficiaries, request this information in writing.

Lastly, provide evidence of the current policy premium and how often it is paid.

19. Records of funeral, burial, and/or cremation agreements, burial trusts, plots, and the like.
20. Make a detailed list of all gifts, loans, **and/or** exchanges for less than fair market value made by the applicant and/or spouse over the past five years. Include the amount of each transaction, the asset transferred (cash / car / etc.), the name of the recipient, the reason for the transfer (gift / education / medical / etc.), and the relationship of the recipient to the applicant and/or spouse.
 - a. Indiana Medicaid allows \$1,200.00 TOTAL per year to be excluded when the donor is related to the gift recipient by blood or existing marriage.
 - b. Provide documentation to evidence the relationship (birth / marriage / death certificate)
 - c. **NOTE:** This exclusion is of the TOTAL of all gifts in an year / **not** per person.
21. A listing of any/all other assets not specifically requested above **excluding** any ordinary household goods & personal effects (appliances, clothes, furnishings, tools, etc.).
22. A list of any / all questions you may have.