



1024 Florida Central Pkwy  
 Longwood, FL 32750  
 Phone: 407-682-4111  
 Fax: 407-682-5511  
 www.TrustAGED.org

## Discounted Trust Fee Agreement For Individuals on ICP/HCBS Medicaid and Residing in a Nursing Home or Assisted Living Facility

**For the Benefit of** \_\_\_\_\_ (Beneficiary)

*\*Fee Agreement to be used at AGED’s Discretion. Assets must be less than \$5,000.\**

THIS AGREEMENT dated as of \_\_\_\_\_, 20\_\_\_\_ is made between Advocates & Guardians for the Elderly & Disabled, Inc. (AGED) and the Grantor as listed on the signature page.

IN CONSIDERATION of the mutual covenants and conditions hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Check the box indicating which program this fee agreement is for. Please note - assets must be less than \$5,000 to use this fee agreement:

- Income eligibility only
- Asset eligibility only
- Income and asset eligibility

2. Enrollment fee will be based on the funding value:

\$ Enrollment Fee	\$ Funding value
\$0	\$1 to \$5,000

3. Administrative fee\* will be based on the market value of the trust assets:

\$ Monthly Fee	\$ Market Value of Trust Assets
\$60	Under \$5,000
Contact AGED if account becomes more than \$5,000 to discuss administrative fees	

*\*\$60 minimum fee per month. Fees may be billed monthly or quarterly. Minimum account balance of \$25 must be maintained. Subject to change with 30 days advance written notice.*

4. Any additional contributions not covered in this Agreement may be subject to AGED's standard fee schedule.
5. There may be a \$50 fee for emergency disbursements required within 24 hours.
6. This Agreement sets forth the entire agreement between the parties regarding the fees to be paid for trust administration, whether oral or written. The parties agree that no amendment to this Agreement (other than periodic fee increases) shall be binding upon the parties unless it is in writing executed by both parties.
7. This Agreement shall inure to the benefit of and be binding upon the respective heirs, executors, administrators, successors and assigns of each of the parties hereto.
8. The parties acknowledge that this Agreement may be negotiated and transmitted between the parties by means of a facsimile machine and that the terms and conditions agreed to are binding upon the parties. Upon acceptance of this Agreement, copies of the facsimile will be executed by both parties.

IN WITNESS WHEREOF this Agreement has been executed by the parties hereto as of the date first above written.

- Disabled Individual (Beneficiary / Grantor)
- Agent under Durable Power of Attorney
- Parent                       Grandparent
- Guardian                       Court

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

Advocates & Guardians for the Elderly & Disabled, Inc. Trustee

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_