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Disbursement Request Form

NO PAYMENTS WILL BE MADE AFTER NOTIFICATION OF DEATH OF BENEFICIARY

Beneficiary Name (Last, First):					Date:	
Beneficiary Residence:	<input type="checkbox"/> Private Home	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Group Home		
Medicaid Program:	<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> MEDS-AD	<input type="checkbox"/> QMB	<input type="checkbox"/> HCBS	<input type="checkbox"/> Nursing Home / ICP
Advocate Name (Last, First):				Advocate Phone:		

For Office Use Only:					
Payee Name:			Payee Account #:		
Payee Address:		City, State, Zip			
Bill Amount:	Due Date:	Setup Recurring Payment?	How Often?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WKLY <input type="checkbox"/> MTHLY <input type="checkbox"/> QTRLY		
Other Requests/Information:					
Advocate Signature:		Print Name:		Date:	
Payee Name:			Payee Account #:		
Payee Address:		City, State, Zip			
Bill Amount:	Due Date:	Setup Recurring Payment?	How Often?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> WKLY <input type="checkbox"/> MTHLY <input type="checkbox"/> QTRLY		
Other Requests/Information:					
Advocate Signature:		Print Name:		Date:	

By signing this Disbursement request form, I hereby authorize you to make payment to the payee in the amount indicated. This authorization will remain in effect until otherwise requested. Should you wish to revoke this authorization, please contact AGED Trust in writing via the address or email listed above. **AGED Trust requires at least 10 days prior notice to cancel this authorization.**

Important Information: Invoice from payee/ creditors MUST be provided with this form, including the entire statement and all pages. Disbursement Request forms must be filled out completely and authorized by the Beneficiary Advocate to avoid delay in processing. No payments will be made after notification of the death of the beneficiary. All Disbursements requests must be made payable to a third party and for the sole benefit of the Beneficiary. No disbursements will be paid to the Beneficiary. **For SSI Clients;** It is the Beneficiary Advocate's responsibility to notify Social Security of any payments made for in-kind support and maintenance. I understand that a disbursement request may be denied after review by the trustee. If a requested disbursement compromises government benefits, AGED Inc. and the Trustee shall not be held liable for any loss and shall be held harmless from any claims and/or liability.