



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
200 East Gaines Street
Tallahassee, FL 32399- 0361

PRENEED CLAIM – FORM “A”
For use by Funeral Establishments & Other Deathcare Service Providers

ATTENTION CLAIMANT -- This form is for use by an at-need provider who has provided deathcare goods/services for a deceased who was a Beneficiary under a preneed contract, where the seller of the preneed contract has defaulted or is no longer in business. This form must be accompanied by an Assignment of Rights form (DFS form AOR). Different claim forms are used where the claimant is a surviving spouse/family member, or is the Beneficiary who is still alive and seeks a refund. All forms are available on the website of the Florida Division of Funeral, Cemetery, and Consumer Services, at www.myfloridacfo.com/FuneralCemetery/. Processing and allowance of preneed claims are controlled by s. 497.456, Florida Statutes, and rule 69K-10.002, Fla. Administrative Code. **USE INK** – no pencil. Please **PRINT CLEARLY** and answer all applicable questions – If any answer is illegible, or the form is incomplete, it may delay processing or require submission of another claim form. Where “DK” is a choice below, it means you “Don’t know.” Claimant must write the Decedent’s name at the bottom of each page of this claim form, in the space indicated.

Fill this form out completely in blue or black ink; sign it, and **MAIL** the **ORIGINAL** to the Division, with all required ATTACHMENTS (see last page of claim form), to the following address: Funeral & Cemetery Division, ATTN: Preneed claims, 200 E. Gaines Street, Larson Bld, Tallahassee FL 32399-0361. You must provide us with the original signed claim; due to fraud considerations we cannot process a photocopy or scanned copy of the signed original.

Section A. Claimant Information (claimant is the deathcare provider submitting this claim)

1) Claimant name (full legal name):	
2) Claimant’s address (street, city, state, zip):	
3) Claimant phone # (area code+ ph #) () -	4) Claimant’s Email Address:
5) Claimant state license #:	
7) Enter name of person in your firm we should contact re this claim. Also provide that person’s ph# and email address. Name: _____ Direct Phone #: () - Email address: _____	
8) Are you, the claimant, aware of any person who does or would dispute your authority and standing to file this claim and/or to receive payment under this claim? (check one) YES <input type="checkbox"/> NO <input type="checkbox"/>	

Section B – Information about the Beneficiary (the decedent, whose death and funeral or other final arrangements were the subject of the preneed contract)

1) Beneficiary’s name:
2) Place of death (county & state):
3) Date of death: / /

Section C -- Information About The Preneed Contract and Payments (by taking assignment of the right to make this claim, and submitting this claim, the at-need provider is responsible to provide all required information as to the preneed contract).

1	Name of firm that issued the preneed contract and has failed to fulfill the preneed contract:
2	Date of the preneed contract that is the subject of this claim:

3	Preneed contract number (will usually be printed at or near the top of the preneed contract):
4	What was the total price of the preneed contract?
5	Who paid for the preneed contract? <input type="checkbox"/> Beneficiary <input type="checkbox"/> Someone else (provide below their name, address, and relationship to Beneficiary)
6	How was payment made? <input type="checkbox"/> Cash <input type="checkbox"/> Check(s) <input type="checkbox"/> Credit card <input type="checkbox"/> Automatic bank account debits <input type="checkbox"/> Other as follows:
7	Was payment for the preneed contract made in a single lump sum, or in installment payments? <input type="checkbox"/> Single lump sum <input type="checkbox"/> Installment payments
8	What was the total amount you can prove was actually paid for the preneed contract?
9	Were any portions of payments for the preneed contract put into trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK If Yes— State the name and address of the trust company or trust servicing agent: How much was put into trust? \$ Have any trust funds been paid out yet to Beneficiary, Purchaser, an at-need provider, or other person? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much paid out? \$
10	Were any goods or merchandise delivered by the original preneed contract seller, to the Beneficiary or Purchaser, under the preneed contract? (e.g., urn, casket, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the items here:
11	Were any refunds or cancellation funds at any time paid to Beneficiary or Purchaser or other person by the original preneed contract seller? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? \$
12	Was the preneed contract funded in whole or part by a life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name of life insurance company: What is the policy number: Have any proceeds been paid by the life insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
13	Have all goods and services promised under the preneed contract been provided by you? <input type="checkbox"/> YES <input type="checkbox"/> NO (if NO, state what goods & services you have not provided:

Enter Claimant's social security number or FEIN:

The collection of social security numbers on this claim form is required pursuant to 26 USC 6109, and will be used for purposes of complying with filing requirements imposed by the U.S. Dept of Treasury, Internal Revenue Service. All payments made on approved Consumer Protection Trust Fund claims will be reported to the U.S. Dept of Treasury, Internal Revenue Service. The social security number may also be used for any other purpose required or authorized by federal or Florida law.

ection D -- At-Need Services provided

1	Total price you have charged for all at-need goods & services re Beneficiary (decedent): \$
2	Of the total amount stated on the line above, how much is attributable to goods and services that were to be provided under the the preneed contract? \$
3	What is the total amount that has actually been paid to you (from any source) for your at-need goods & services? \$ Provided re Beneficiary (decedent)? \$
4	<u>Family representative</u> . Provide name, address, and phone number of the surviving spouse/family member or other person who your firm primarily interacted with for information, instructions, and authorizations concerning goods & services relating to final disposition of Beneficiary's remains. Name:

	Address: Phone #: () - Relationship of that person to the decedent: <input type="checkbox"/> Spouse <input type="checkbox"/> Adult child <input type="checkbox"/> Brother or sister <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other as follows:
5	At-need contract signatory. Provide name, address, and phone number of the person who signed the at-need contract with your firm, regarding Beneficiary. If same person as Family Representative above, check here <input type="checkbox"/> and skip to next item. If no at-need contract was done, check here <input type="checkbox"/> and skip to next item (but see s. 497.152(11)(a), Florida Statutes, regarding requirement for at-need contracts). Name: Address: Phone #: () - Relationship of that person to the decedent: <input type="checkbox"/> Spouse <input type="checkbox"/> Adult child <input type="checkbox"/> Brother or sister <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other as follows:
6	Were any of the at-need services you are claiming for, provided by another licensee? (e.g., removal service; cremation service) (circle applicable) YES <input type="checkbox"/> NO <input type="checkbox"/> If YES: A) Have all such licensees been paid in full? YES <input type="checkbox"/> NO <input type="checkbox"/> B) Provide the name, address, and phone number of each such other licensee and the service provided:
7	Have all the goods and services you are claiming for, been provided and completed? (check applicable) YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, specify what goods/services have not been provided or completed:

Section E Amount of Claim

1) State the amount you are claiming under this claim: \$

SIGNATURE OF CLAIMANT OR CLAIMANT’S REPRESENTATIVE
 Florida Statute 837.06 False official statements.--Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
 Claims by funeral establishments or direct disposal establishments must be signed by the FUNERAL DIRECTOR IN CHARGE or DIRECT DISPOSER IN CHARGE of the establishment.
 I, the person signing below, do certify that all the information provided herein is true and correct, and that all materials submitted with this claim are legitimate and authenticate, to the best of my knowledge and belief.

_____ Date signed _____
 Funeral Director in Charge
 Print Name of person signing above: _____
 Individual state license # of person signing above:

NOTARY

STATE OF _____, COUNTY OF _____
 The foregoing instrument was sworn to and subscribed before me this _____ day of _____, in the year _____, by _____, who (check one)
 Is personally known to me Produced a picture ID of the following type:

_____ AFFIX SEAL
 Signature of Notary

ATTACHMENTS

Submit the following items with this claim:

1. Assignment of Rights forms (Division form AOR-1, available in the Division website).
2. Copy of the preneed contract. It shall be complete, fully legible, and signed and dated.
3. Copies of any amendments or addendums to the preneed contract, signed and dated.
4. Certified Death certificate.
5. Proof of amount paid for the preneed contract. Typically such proof consists of one or a combination of:
 - Copies of cancelled checks (front and back) showing payment or payments for the preneed contract.
 - Receipts issued by the seller of the preneed contract.
7. At-need contract (shall list in detail the items and services purchased together with the prices for the items and services purchased; the name, address, and telephone number of the licensee; the signatures of the customer and the licensee or her or his representative; and the date signed)
8. Proof of amount paid to you on the at-need contract (typically a copy of customer’s check payable to you)

Fill this form out completely in blue or black ink; sign it, and **MAIL** the **ORIGINAL** to the Division, with all required ATTACHMENTS (see last page of claim form), to the following address: Funeral & Cemetery Division, ATTN: Preneed claims, 200 E. Gaines Street, Larson Bld, Tallahassee FL 32399-0361. You must provide us with the original signed claim; due to fraud considerations we cannot process a photocopy or scanned copy of the signed original.

WHERE TO SEND THIS CLAIM FORM: To file this claim, complete and mail this form with required attachments, to:

Funeral and Cemetery Division
 ATTN: PRENEED CLAIMS
 Larson Bldg
 200 East Gaines Street
 Tallahassee FL 32399-0361

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“**Beneficiary**” is the person whose death and final arrangements are/were the subject of the preneed contract.

“**Purchaser**” is the person who actually paid for the preneed contract. In most cases the Purchaser and the Beneficiary are the same person. However, in some cases a spouse, an adult child or other family member, or some other person, may separately pay for the preneed contract. Whoever pays for the contract is the “Purchaser.” From a legal perspective, the Purchaser is generally considered the owner of the rights under the contract.

“**At-need contract**” refers to a contract (agreement) for funeral, cremation, burial, or related services and merchandise, purchased at or after the time of death. For example, when a person dies and a surviving family member engages a local funeral home to take the body and conduct funeral services or perform a cremation, there is typically an “at-need” contract (agreement) entered into for those at-need services.

“**At-Need Provider**” typically refers to a funeral home or cremation service or cemetery, which provides services pursuant to a contract or agreement entered into at or after the time of death.

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