



Preneed Recovery Fund Reimbursement Application Form

The preneed recovery fund established by the Ohio General Assembly in H.B. 49 did not create any legal responsibility on the part of the Board for the acts, or failure to act, of persons, firms or corporations licensed by it. All reimbursements of losses from the fund shall be a matter of privilege in the sole discretion of the Board and not a matter of right.

Please submit completed form to the following address:

State of Ohio Board of Embalmers and Funeral Directors- 77 South High Street, 16th Floor Columbus, OH 43215

CONTACT INFORMATION

Applicants Name (Last, First, Middle):

Current Address

E-mail:

Phone:

Dollar amount of alleged loss for which reimbursement is being applied for:

Are you the beneficiary of the preneed funeral contract?

Yes No

If you are not the beneficiary, what is your relationship to the beneficiary?

Were you partially reimbursed for the alleged loss?

Yes No

If you were partially reimbursed, please provide the amount of reimbursement and the name of the individual or entity that made partial reimbursement.

If applicable, please provide the names of other individuals that contributed payment to purchase the preneed funeral contract.

Is this claim related to another claim for reimbursement?

Yes No

If the claim is related to another claim, please provide the date when the claim was submitted, the name of beneficiary, and the name of the funeral home?

FUNERAL HOME INFORMATION

Name of Funeral Home:

Address:

Name of Funeral Director or individual(s) who caused the alleged loss:

Phone Number:

The date or period of time during in which the alleged loss was incurred:

Did you purchase another funeral service from another funeral home?

Yes No

Name of funeral home where new contract was purchased:

Address:

Were services performed by this funeral home?

Yes No

Purchase amount of the new funeral services contract:

If applicable, please provide the names of other individuals that contributed payment to purchase the new preneed funeral contract.

Attach the following items:

1. A general statement of facts concerning the application, the preneed funeral contract, and any efforts to obtain reimbursement.
2. A copy of any preneed funeral contract or written agreement which is the basis of the alleged loss.
3. All supporting documents, including a copy of the right of disposition and a copy of the death certificate if the beneficiary is deceased, copies of court proceedings and other papers indicating the efforts of the applicant to obtain reimbursement from the provider, insurance companies, or others, any reimbursement received from the provider, insurance companies, or other funeral home.
4. If applicable, a copy of the new funeral services contract and proof of payment for that contract.

I swear and affirm that all the above information, statements, and any accompanying documents submitted with the application for reimbursement is truthful to the best of my knowledge.

Signature of Applicant