

Special Needs Trust Foundation

P. O. Box 1890



Lakeside, CA 92040



(619) 201-2672

Checklist for Self-Funded Sub-Accounts Master Pooled Trust

(To be completed by Legal Counsel)

It is not the Special Needs Trust Foundation's (SNTF) intention to provide legal advice. Attorneys working with special needs trusts should be experienced estate planning attorneys with knowledge of special needs trusts. The SNTF urges attorneys who are not experienced in estate planning for persons with disabilities to refer clients to or associate yourself with attorneys who have such experience. Please submit this checklist with the joinder agreement.

___ My client has been advised of the tax consequences of trust sub-account income and/or gain.

___ I have advised my client that the Master Pooled Trust is a supplemental trust and that it cannot disburse cash, nor funds for food or shelter expenses, with out it potentially affecting their government benefits. The funds are budgeted for supplemental items which, in the trustee's discretion, are deemed appropriate to the sub-account beneficiary's needs.

___ I have advised my client that if the funds are disbursed for food or shelter that they must be willing to take a reduction in their SSI, or have it count as potentially disqualifying income by Medi-Cal.

___ I have advised my client that federal law requires that all funds remaining in the Beneficiary's sub-account at the Beneficiary's death up to an amount equal to the total amount of medical assistance paid on behalf of the Beneficiary by the Medicaid program, will be paid to reimburse Medicaid.

___ There are no liens or claims against the trust sub-account funds.

Or

___ My client is over 65 years of age and will be using the Special Needs Trust to pay a lien. Please describe:

___ The Beneficiary of the trust meets the definition of having a disability according to Social Security definition. *(Check appropriate options.)*

The Beneficiary is currently eligible for SSI ___ SSDI ___ Medi-Cal ___
___ or the beneficiary has obtained disability determination by the California Department of Health Services ___ or for recipients with long term care Medi-Cal or Medicaid over the age of 65.

___ The Beneficiary has an application pending for SSI and/or Medi-Cal, or will have one on file within 30 days of sub-trust funding.

___ My client has been advised that they may join the Special Needs Trust Foundation and that their money will be put into a pooled account. He/She has chosen this option freely.

___ I have advised my client that their Special Needs Trust with the Special Needs Trust Foundation is an irrevocable trust, and that the trust may be terminated in accordance with the provisions of this Declaration of Trust (See 1st Party/Self-Settled Master Trust Article Five H, and Article Ten Sections II and III.) I have further advised my client that terminating the trust may result in a reimbursement up to an amount equal to the total amount of medical assistance paid on behalf of the Beneficiary by the Medicaid program.

___ My client has been advised that the Special Needs Trust Foundation as Trustee may, at its discretion, disburse trust income or principal to purchase property or service for the Beneficiary, consistent with the purpose and objective of this Trust. Disbursements shall be made according to the interests and needs of the Beneficiary, taking into account the services and financial resources available to him or her from any sources.

___ I have advised my client that the Special Needs Trust Foundation has the right to refuse the Joinder Agreement.

Printed Name of SNT Beneficiary

Printed Name, Attorney

Date

Signature, Attorney