

AMENDMENT TO PREPAID IRREVOCABLE PRE-NEED FUNERAL CONTRACT

The parties to this Amendment to Prepaid Irrevocable Pre-Need Funeral Contract (“Amendment”) are _____ (name of funeral home) with an address of _____, Connecticut (“Funeral Home”), and _____ (name of purchaser), currently residing at _____, Connecticut (“Purchaser”).

Recitals:

- A. Funeral Home and Purchaser previously entered into an Irrevocable Pre-Need Funeral Contract on or about _____ (insert date of original contract) (the “Contract”) and pursuant to the Contract, Purchaser deposited the sum of \$_____ (insert amount of original contract sum) through Funeral Home to be held by an escrow agent.
- B. Funeral Home and Purchaser now wish to amend the Contract to allow Purchaser to deposit an additional \$_____ through Funeral Home to be held by an escrow agent.

AGREEMENTS:

- 1. The Contract is hereby amended to provide that Purchaser is: (a) depositing an additional \$_____ (lump sum amount not to exceed a total of \$10,000.00 in contract payments); or (b) agreeing to make monthly payments of \$_____ each until an additional \$_____ is deposited with escrow agent through Funeral Home (not to exceed a total of \$10,000.00 in contract payments).
- 2. The selected goods and services described in the Contract is replaced with the selected goods and services (if any) attached to this Amendment, if applicable.
- 3. All other terms of the Contract are hereby incorporated into this Amendment and the Contract as amended hereby shall represent the complete agreement of the parties.

Signed this _____ day of _____, 20____.

Funeral Home

Purchaser

This notice is made as an integral part of the pre-need irrevocable funeral service contract.

Disposition of Unused Funds. Upon the death of the beneficiary, the state of Connecticut shall receive any amounts remaining after performance of the contract, up to (1) the total amount of medical assistance paid by the state of Connecticut on behalf of the beneficiary that is recoverable under 42 USC 1396p, and (2) the total amount of all other forms of public assistance paid by the state of Connecticut on behalf of the beneficiary or his or her dependent child. A check for the excess funds should be made payable to the Department of Social Services and mailed to the Department of Social Services no later than sixty (60) days following completion of services to the following address: Department of Social Services, 55 Farmington Avenue, 4th Floor, Attn: Resources & Recoveries Unit, Hartford, Connecticut 06105-3730.