



Abbey Funeral & Cremation Service
511 Brook Street, Rocky Hill, CT. 06067
1 (800) 890-9000 Fax: (860) 529-5299
EMAIL: info@abbeycremation.com WEB: www.abbeycremation.com



FOR WELFARE ONLY

Deceased Name: _____ Date of Death: _____

Most, but not all fall under Medicaid, Title 19, HUSKY and Welfare programs. Please read the following possible outcomes:

1. Department of Social Services pays the total bill submitted up to \$1,350.00.
2. Department of Social Services makes a reduced payment due to funds found in the Deceased's name on their date of death.
3. Department of Social Services denies the claim due to the deceased's assets exceeding \$1,350.00 or a GO FUND ME is established in the deceased's name.

Please note assets are any/all of the following: bank accounts, patient accounts, retirement funds, life insurance, house, condo and trailer. (Motor vehicles do not apply)

I, _____ the undersigned, affirm that I have been informed of how the Department of Social Services SAGA benefit of \$1350.00 is approved or denied.

By signing this document, I agree to be liable for any portion denied by the state and agree to be responsible for any unpaid funds. I also understand that I will not be able to take possession of the ashes until the Purchase and Service Order Agreement has been paid in full by either Department of Social Services (DSS) or myself.

Abbey Cremation has no control over the time frame the Department of Social Services can and may take for their determination.



Signature

Date

Address:

Phone: