**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services

F-01844 (05/2021)

**WISCONSIN**

**NOTIFICATION OF DEATH – ACCOUNTING OF ESTATE FUNDS**

This form is used whenever either of the following occurs:

* A deceased member’s funds that are being held at a nursing home or by a representative payee of the member are available to send directly to the Wisconsin Department of Health Services (DHS) Estate Recovery Program.
* A deceased member’s funds are being sent to a person or place other than the DHS Estate Recovery Program.

Providers should print (keep a copy for their records) and mail this completed form, along with all required documents to the following address:

Wisconsin Department of Health Services

Division of Medicaid Services

Estate Recovery Section

PO Box 309

Madison WI 53701-0309

Personally identifiable information will be used only in the administration of the Estate Recovery Program. Disclosure of the SSN of a Medicaid member is mandatory per 42 U.S.C. 1320b-7. Disclosure of the SSN of a non-Medicaid member is voluntary. The SSN will only be used for the identification of Medicaid, BadgerCare Plus, COP, and WCDP members and for the administration of the Estate Recovery Section.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name – Deceased Member | | | | | |
| Social Security Number (SSN) | | | Date of Death | | Date of Birth |
| Name – Surviving Spouse (If Any) | | | SSN – Surviving Spouse | | |
| Street Address – Surviving Spouse | | | | | |
| City | | | State | | ZIP Code |
| **A. Check the appropriate box below to provide information about the marital status of the deceased member.** | | | | | |
|  | The deceased member was married and was predeceased by a spouse. | | | | |
|  | Name – Predeceased Spouse | | SSN | | Date of Death |
|  | The deceased member was never married.  The deceased member was divorced at the time of death.  The deceased member’s marital status is unknown. | | | | |
| **B. Provide the following additional information.** | | | | | |
|  | Is the deceased member survived by a disabled or blind child?  Yes  No  Unknown | | | | |
|  | Name – Disabled or Blind Child | | | | |
|  | Street Address | | | | |
|  | City | State | | ZIP Code | |

*Continued*

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Is the deceased member survived by a minor child (under age 21)?  Yes  No  Unknown | | | | | |
|  | Name – Minor Child | | | | | |
|  | Minor’s Responsible Party and Street Address | | | | | |
|  | City | State | | ZIP Code | | |
| *Note:* Funds should not be sent to the Estate Recovery Program at the same time this form is submitted if there is a surviving spouse or disabled or minor child. | | | | | | |
| **C. The deceased member’s account information is as follows:** | | | | | |
|  | Total Funds Available at Time of Death  **$** | | | | |
|  | Check one of the boxes below to indicate the status of the member’s funds. Provide any additional information requested.  Funds will be held until notice is received from the Estate Recovery Program.  Funds are being sent directly to the funeral home. | | | | |
|  | Name – Funeral Home | | | | |
|  | Funds are being sent to the heir or responsible party. | | | | |
|  | Name – Heir or Responsible Party | | | | |
|  | Relationship to Deceased Member | | Phone Number | | |
|  | Street Address | | | | |
|  | City | | State | | ZIP Code |
| If none of the three options above apply, explain below. | | | | | |
| **ATTENTION NURSING HOME/REPRESENTATIVE PAYEE/Managed Care Organization (MCO)/GUARDIAN:**  Along with this form, provide a copy of the billing/client/bank statement that shows the balance in the member’s account on the date of death and any activity in the account past the date of death. | | | | | |
| This Notification of Death is being submitted by:  Nursing Home  Representative Payee  MCO  Guardian | | | | | |
| Name of Nursing Home/Representative Payee/MCO/Guardian | | | | | |
| Name of Person Completing This Form | | | | | |
| Street Address | | | | | |
| City | | State | | ZIP Code | |
| Phone Number | | Fax Number | | | |