

EDDY COMMUNITY TRUST

JOINDER AGREEMENT

Eddy Community Trust
P.O. Box 1318
Latham, NY 12110
518-860-1241



The Eddy

ST PETER'S HEALTH PARTNERS

Eddy Community Trust - Joinder Agreement

This is a legal document. It is an agreement pertaining to a supplemental needs trust created pursuant to 42 United States Code §1396. You are encouraged to seek independent, professional advice before signing this agreement.

The undersigned hereby adopts, enrolls in and establishes a sub-trust account under the **Eddy Community Trust** dated November 17, 2015 incorporated herein by reference. **This Trust is Irrevocable.**

NOTE: All questions must be answered or your application will be delayed.

1. Donor (Generally same as Beneficiary): _____

(First Name, Middle Name, Last Name)

Social Security Number of Donor: _____ - _____ - _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Address of Donor: _____

Telephone Number: _____ (Day) _____ (Evening)

2. Disabled Beneficiary (In-Kind Beneficiary): _____

(First Name, Middle Name, Last Name)

Social Security Number of Disabled Beneficiary: _____ - _____ - _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Address of Beneficiary: _____

Telephone Number: _____ (Day) _____ (Evening)

County of Residence: _____ Place of Birth: _____

Gender: _____ Citizenship: _____

Marital Status: _____ Spouse's name if married: _____

(First Name/Last Name)

3. Relationship of Donor to Beneficiary: _____

4. Beneficiary's Qualifying Disability(ies): _____

5. Court Order:

Is the Trust being established as the result of a Court Order? Yes ___ No ___

If yes, please include a copy of the Court Order.

6. Funding (indicate all that are applicable):

_____ Surplus monthly income/NAMI deposits

Indicate monthly deposit amount: _____

_____ Lump Sum

_____ Structured settlement payment (Please provide settlement order.)

_____ Other (e.g. occasional resource deposits)

Describe: _____

Note: This is supplemental information for LTC (EDDY), Inc. purposes only. This amount may be changed at any time with no effect on the Joinder Agreement.

7. Beneficiary's Income:

Indicate what sources of income the Beneficiary receives:

Social Security (Indicate Benefit Type):

Supplemental Security Income (SSI)*? Yes _____ No _____

Social Security Disability Income (SSDI)*? Yes _____ No _____

Social Security Retirement Income (SSA)*? Yes _____ No _____

Social Security Survivor/Dependent Benefits*? Yes _____ No _____

***Provide copy of "proof of income" letter, indicating your claim number.**

Other income? Yes _____ No _____

If yes, please provide source, amount and frequency.

8. Benefits:

Does the Beneficiary receive Medicaid? Yes _____ No _____ Pending _____

If yes, list Medicaid card number: _____

If the Beneficiary receives other benefits, such as Food Stamps, HUD Section 8, etc. list these benefits and monthly amounts:

9. Living Arrangements (indicate the living arrangement of the Beneficiary):

Independently _____ CR/IRA/ICF (supervised) _____

With Spouse _____ CR/IRA (supportive) _____

With Parents/other family _____ Family Care Program _____

Assisted Living Facility _____ Nursing Home _____

Other (explain) _____

If in a residential program, does the Beneficiary receive community funds?

Yes _____ No _____ If yes, how much and how often received? _____

10. Beneficiary Services:

List other services that the Beneficiary receives (include day services, service coordination, employment programs, etc.):

<u>Service</u>	<u>Name of Provider</u>
_____	_____
_____	_____
_____	_____

11. Guardianship:

Is there a court appointed Guardian for the Beneficiary? Yes _____ No _____

If yes, attach copy of Decree and Letters of Guardianship (Art. 17A) OR Guardianship Order and Commission (Art. 81) and complete the following:

Guardian of the: Person Property Both

Please list name(s) and address(es) of Guardian(s): _

Are Standby and/or Alternate Standby Guardian(s) appointed? Yes _____ No _____

If yes, for the: Person Property Both

Please list name(s) and address(es) of Standby and/or Alternate Standby Guardian(s):

12. Authorized Contacts:

Note: At least one contact is required.

	Communicate/ Obtain Information	Receive Monthly Statements	Submit Requests for Disbursements
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address: _____

Telephone No.: _____

Relationship: _____

	Communicate/ Obtain Information	Receive Monthly Statements	Submit Requests for Disbursements
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____			
Telephone No.: _____			
Relationship: _____			

	Communicate/ Obtain Information	Receive Monthly Statements	Submit Requests for Disbursements
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____			
Telephone No.: _____			
Relationship: _____			

13. Supplemental Information:

List one authorized contact to receive the following (may be the beneficiary or a listed authorized contact):

- Beneficiary Binder: _____
- Tax information: _____

14. Monthly Statements:

Should the Beneficiary receive a copy of the monthly statement? Yes ____ No ____

15. Representative:

List the individual/firm who will be submitting the Trust documents to Medicaid, Social Security Administration, or other government agency on your behalf.

Please note: The individual listed below will receive a copy of the acceptance letter in addition to a copy of the executed Joinder Agreement.

Name: _____ Telephone No.: _____

Agency/Firm, etc.: _____

Address: _____

16. Funeral Provisions:

Does the Beneficiary have funeral provisions in place? Yes _____ No _____
If yes, please provide details (e.g. funeral home, plot location, etc.)

17. Life Insurance:

Is there a life insurance policy in place for the Beneficiary? Yes _____ No _____

Who is the policy owner? _____

Who is the named beneficiary? _____

Information and Disclosures:

Death of Beneficiary:

- a. **The Beneficiary's sub-trust account terminates upon his or her death.** If, upon the death of the Beneficiary, funds remain in his or her sub-trust account, such funds shall be deemed to be property of the Trust and all funds that are remaining in the Beneficiary's separate sub-trust account shall be retained by the **Eddy Community Trust** to further the purposes of that Trust. However, to the extent that amounts remaining in the individual's sub-trust account upon the death of the individual are not in fact retained by the Trust, the Trust shall pay to the State(s) from such remaining amounts in the sub-trust account an amount equal to the total amount of medical assistance paid on behalf of the individual under the State Medicaid plan(s). To the extent that the trust does not retain the funds in the account, the State(s) shall be the first payee(s) of any such funds and the State(s) shall have priority over payment of other debts and administrative expenses except as listed in the POMS [SI01120.203B.3.a](#).
- b. Funeral expenses will only be paid pursuant to a Medicaid eligible pre-need funeral arrangement established and funded prior to the Beneficiary's death. **Funeral expenses will not be paid after the Beneficiary's death.**

Contributions/Deposits:

- a. All contributions made to the sub-trust account will be held and administered pursuant to the provisions of the **Eddy Community Trust** which is incorporated by reference herein.
- b. The Trustees shall have the sole and absolute right to accept or refuse additional deposits to the sub-trust account.
- c. In the event that a Beneficiary has a zero (\$0) sub-trust account balance for sixty (60) or more consecutive days, the Trustee shall retain the right to close the Beneficiary's sub-trust account. Please be advised that the Trustee may continue to charge administrative fees for the management of the sub-trust account prior to its closure. In the event that a Beneficiary

wishes to re-open a sub-trust account, the Beneficiary may be required to pay any outstanding administrative fees stemming from the prior sub-trust account. Additionally, the Beneficiary shall be required to pay a new enrollment fee when re-opening a sub-trust account.

Disbursements:

- a. All disbursement requests shall be reviewed and approved on an individual basis.
- b. Disbursements for expenses incurred more than 90 days prior to submission of a disbursement request form shall not be paid.
- c. The Trustees, in their discretion, have determined that disbursements for the following items shall not be paid: purchases of firearms, alcohol, tobacco, items relating to illegal activity, bail, or restitution.
- d. All disbursements shall be made at the sole and absolute discretion of the Trustee.
- e. No disbursements will be made after the death of the beneficiary, even for expenses incurred or due prior to death.

Disability Determination:

In the event that a determination of disability is required for Medicaid purposes, please be advised that administrative fees shall be incurred while the determination of disability is being made.

Taxes:

- a. The Donor acknowledges that contributions to the **Eddy Community Trust** are not tax deductible as charitable gifts, or otherwise.
- b. Sub-trust account income may be taxable to the Beneficiary.

Disclosure of Potential Conflict of Interest:

There may be a potential conflict of interest in the administration of the Trust since the Trust retains those funds remaining in the sub-trust account at the time of death of the Beneficiary. Funds remaining in the Trust may be used to pay for ancillary and/or supplemental services for Beneficiaries and potential Beneficiaries for which services may be rendered by an **affiliate of LTC (EDDY), Inc. or the LTC (EDDY), Inc.** itself.

The Donor(s) executing this Joinder Agreement is/are aware of the potential conflicts of interest that exist in the Trustee's administration of the Trust. The Trustee shall not be liable to Donor or to any party for any act of self-dealing or conflict of interest resulting from their affiliations with **LTC (EDDY), Inc.** or with any Beneficiary or constituent agencies and/or Chapters.

Situs:

The sub-trust account created by this Agreement has been accepted by the Trustee in the State of New York. The trustees are LTC (EDDY), Inc. and a financial institution in the State of New York. The trust will be administered by **NYSARC, Inc.** The validity, construction, and all rights under this Agreement shall be governed by the laws of the State of New York. The situs of this Trust for administrative, account and legal purposes shall be in the County of Albany, the County where the majority of meetings concerning establishment of the Trust occurred.

Invalidity of any Provision:

Should any provision of this Agreement be or become invalid or unenforceable, the remaining provisions of this Agreement shall be and continue to be fully effective.

By signing below, you affirm that you understand and agree to the following:

I have received and read a copy of the Master Trust prior to the signing of this *Joinder Agreement* and acknowledge that I understand the contents thereof. I also understand that said document may be amended from time to time. I have been provided with the fee schedule and the Information & Procedures narrative and acknowledge that I understand the contents thereof. I also understand there may be changes from time to time.

I am entering into this Joinder Agreement voluntarily and acting on my own free accord.

The Donor acknowledges that the Beneficiary is disabled as defined in Social Security Law Section 1614(a)(3) [42 USC 1382c(a) (3)].

Under penalty of perjury, all statements made in this document are true and accurate to the best of my knowledge.

The Eddy Community Trust is a trust authorized to be used by individuals with disabilities pursuant to federal and state law. By agreeing to accept a donor's property pursuant to this Joinder Agreement, LTC (EDDY), Inc. agrees only to manage the trust funds in accordance with the terms of the Master Trust Agreement and in compliance with applicable federal and state law and regulation. It is the sole responsibility of the donor and/or the donor's representative to determine whether the donor is "disabled" as that term is defined under federal law, to determine whether they have the legal authority to transfer property to fund the trust, and the impact that a transfer of property to the Eddy Community Trust will have on the donor's continuing eligibility for government benefit programs.

LTC (EDDY), Inc. is not assuming any responsibility as counsel for the donor or Beneficiary, or providing any legal advice as it relates to the consequences of a transfer of property to the Eddy Community Trust.

The Trustees in their discretion may require an intermediary to assist in the administration of the Beneficiary's sub-trust account. The cost of which may be charged to the sub-trust account.

The party authorized to speak with us on your behalf or the intermediary must notify LTC (EDDY), Inc. immediately upon your death and will be required to provide us with a certified death certificate.

An individual requesting and/or receiving disbursements in contravention of the Master Trust Agreement and the Joinder Agreement will be required to repay the amount disbursed.

This Joinder Agreement and the participation of the Beneficiary in the Eddy Community Trust is an important legal decision that may have significant and lasting consequences for the Beneficiary and as a result you may want to consider obtaining advice from an attorney or another professional adviser before entering into this Agreement. By signing this Agreement you are acknowledging that you have had a full and complete opportunity to confer with an attorney or other adviser and that no employee of LTC (EDDY), Inc. has provided you (or the Beneficiary, if different from the person signing this Agreement) with any legal advice in connection with this Joinder Agreement, the participation by the Beneficiary in the Community Trust or the suitability of such participation by the Beneficiary in the Community Trust based upon the particular circumstances of the Beneficiary.

Signature of Donor/Guardian Relationship to Beneficiary Date

State of New York)
County of _____) ss.

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared, _____
Personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within the instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed this instrument.

Notary Public

FOR OFFICE USE ONLY

LTC (EDDY), Inc., as Trustee Date

Date Complete: ____ / ____ / ____

Date Accepted: ____ / ____ / ____

Initial Funding: \$ _____

Acct. #: _____