POOLED TRUST REVIEW FORM
42 USC § 1396p(d)(4)(C)
7 AAC 100.614

Name of Individual_____ Date_____

The Trust was established by: Individual_____ Individual's Legal Guardian_____ Court_____

Individual's Parent_____ Individual's Grandparent_____

To be approved, the Trust must:

1. cite the federal statute applicable to the type of trust it is _____
2. identify the date the beneficiary was last determined blind or disabled_____
3. prohibit the beneficiary from being a trustee or having any access, or authority to manage it_____
4. include a provision for reimbursing the state in accordance with 7AAC 100.608_____
5. identify the trustee, including a co-trustee_____
6. identify procedures for resignation of the trustee and designation of a successor trustee; the procedures must require 30 days notice to the beneficiary, the court where registered, & the department_____
7. identify on each page of the trust document the person or organization who drafted it_____
8. state that at the time the trust is funded, the beneficiary will be either under 65, or 65 or older_____
9. be established and managed by a nonprofit association_____
10. contain the assets of beneficiaries who are blind under 7AAC 40.140(a) or disabled under 7AAC 40.170(a)_____
11. maintain a separate account for each beneficiary; the account must be established for the sole benefit of the individual beneficiary_____
12 be irrevocable_____
13. require that each beneficiary's trust account terminate upon a court order or the death of the beneficiary_____
14. provide that any money remaining in the trust account that is not used by the nonprofit association to maintain the pooled trust, be paid to the state, up to the total amount of Medicaid paid on behalf of the beneficiary_____