

Grace Healthcare Settlement Administrator
PO Box 165266
Little Rock, AR 72216
IMPORTANT LEGAL MATERIALS

<input type="checkbox"/>	If the pre-printed information to the left is not correct or if there is no pre-printed information, please check the box and complete the information below:
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Resident's Name: _____
Your Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

STATUS AND BENEFIT FORM

This form must be completed in full, signed and postmarked by September 26, 2017 to be eligible to receive a payment. If the Resident has a Power of Attorney or the Resident is deceased, in order to receive a payment, you must provide a copy of the legal document proving you are the beneficiary or power of attorney.

1. Is the Resident living or deceased? (Circle One) Living Deceased

If the Resident is living, please provide the full name and current address of the Resident. The benefit will be payable to and mailed to the Resident at this address:

2. If the Resident is deceased, an estate must be opened to receive the benefit. You must provide a copy of the Letters Testamentary or Order Appointing the Administrator, Personal Representative or Executor, or a file-marked copy of an Affidavit of Small Estate. Upon receipt, the benefit will be made payable to the Estate of the deceased Resident. Please provide the current address of the person authorized to act on behalf of the Resident's Estate:

Certification

I certify that the foregoing is true and correct to the best of my knowledge and belief under penalties of perjury.

By: _____

If you are signing on behalf of the Resident pursuant to a power of attorney or as a court appointed guardian, please attach a copy of the power of attorney or order appointing you as guardian.

Print Name

Date