



**The Ohio Board  
of Embalmers and  
Funeral Directors**  
*Serving Ohio Since 1902*

Mike DeWine  
**Governor of Ohio**

Jon W. Rettig Sr.  
**Board President**

Thomas Taneff  
**Board Vice President**

William C. Wappner CFSP,  
CCO  
**Board Secretary Treasurer**

Jill R. Pugh  
**Board Member**

Edward C. Nurre, Jr.  
**Board Member**

Marcella Boyd Cox  
**Board Member**

Adriana Sfalcin  
**Board Member**

David A. Ingram, Esq.  
**Executive Director**

77 South High Street  
16<sup>th</sup> Floor  
Columbus, Ohio 43215

**614 . 466 . 4252**  
fax 614 . 728 . 6825

[www.funeral.ohio.gov](http://www.funeral.ohio.gov)

## ANNUAL PRENEED FUNERAL CONTRACT REPORT FORM

Report **All** contracts and/or insurance policies and assigned insurance policies that were open at the end of December 31, 2018

Please provide the physical address in the box below

Funeral Home License Number

Funeral director recognized as the AIC (actually in charge) and is ultimately responsible for completing this form

, AIC

**THIS FORM MUST BE POSTMARKED ON OR BEFORE MARCH 31<sup>st</sup> 2019**

### SELECT ONLY (1) ONE OF THE (3) THREE GRAY BOXES BELOW

This facility license does not have any preneed funeral contracts and/or policies listing the funeral home as the beneficiary at this location or any other location.

This is a branch, contracts and/or policies are reported through the location below:

Funeral Home Title

License No. FH.

Funeral Home Address

This facility has preneed contracts and/or assigned insurance or insurance policies (listing the funeral home as the beneficiary) **which include:** Complete the following provide the list. Instructions are on the back. Attach additional sheets if needed.

Insurance and/or Annuity-funded     Trust-funded preneed     Listed as beneficiary

Name insurance company / financial institution (bank, savings bank or savings association) acting as trustee of your preneed accounts

Address of insurance company and/or financial institution

The funeral director actually in charge and ultimately responsible for this funeral home must sign this form acknowledging and certifying this report and any attachment is a full and accurate accounting of all preneed contracts pursuant to ORC 4717.31.

License No. of AIC \_\_\_\_\_

Print Name of AIC \_\_\_\_\_

Signature of AIC \_\_\_\_\_

Total Number of contracts \_\_\_\_\_ Total dollar amount of all contracts \$ \_\_\_\_\_

Sworn to (or affirmed) before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2019

Signature of notary public \_\_\_\_\_

(Seal affixed here)

My Commission expires \_\_\_\_\_

# ANNUAL PRENEED FUNERAL CONTRACT REPORT FORM

FAXES AND / OR EMAIL VERSIONS OF THIS FORM AND ACCOUNT LIST WILL NOT BE ACCEPTED

This form and reporting must be postmarked on or before March 31, 2019. Any form or report that is not postmarked shall be considered filed on the date it is received by the Board.

1. The Funeral Director Actually in Charge submits a report form for every facility in your firm. If there are no preneed contracts for a licensed facility, a signed report form must be submitted. If you have more than one funeral home, but did not receive a form for every location, print one off from the board's website immediately at [funeral.ohio.gov](http://funeral.ohio.gov). Failure to file an annual report form for each license will invoke provisions of ORC 4717.14(F) and OAC 4717-8-01(I).
2. The Funeral Director Actually in Charge attaches a list of All Preneed Contracts and/or assigned insurance policies and insurance policies listing the funeral home as the beneficiary that were active at the end of December 31, 2018. Preneed contracts that were reported last year and previous years that are still active, must be part of this report. The list must include the following information:

Contract beneficiary:

→ Name of individual who is the beneficiary.

Identification:

→ To whom funeral goods & funeral services are to be provided pursuant to preneed funeral contract.

→ Contract beneficiary's social security number (supplying SSN is voluntary).

→ Policy number, or other form of identification.

Balance:

→ Total amount of funds associated to contract beneficiary's account as of December 31, 2018.

Funding location:

→ Name of insurance company, financial institution, and/or trust.

→ Address of funding location.

→ Trustee if applicable

3. Provide a total number and a total dollar amount for all contracts.

4. AIC signs the report form

5. Notarize the AIC's signature

Mail preneed report form and contract list to:

The State of Ohio Board of Embalmers and Funeral Director  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108