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 31ST 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

Funeral Home Address

☐ This facility has preneed contracts and/or assigned insurance or insurance policies (listing the funeral home as the beneficiary) which include:

☐ 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  ____________________________
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. 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 where 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, 16th Floor
Columbus, Ohio 43215-6108