



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
 200 East Gaines Street
 Tallahassee, FL 32399- 0361

PRENEED CLAIM – FORM “C”
Purchaser Seeking Refund

ATTENTION CLAIMANT -- This form is for use where the beneficiary under the preneed contract is still alive, and the seller of the preneed contract has closed its doors or for other reason will not honor the preneed contract, and the purchaser of the preneed contract seeks a refund from the Preneed Consumer Protection Trust Fund. Other claim forms are used where the Beneficiary has died and the preneed contract was not honored. All claim forms are available on the website of the Florida Division of Funeral, Cemetery, and Consumer Services, at www.myfloridacfo.com/FuneralCemetery. Processing and allowance of preneed claims are controlled by s. 497.456, Florida Statutes, and rule 69K-10.002, Fla. Administrative Code. **USE INK** – no pencil. Please **PRINT CLEARLY** and answer all applicable questions – If any answer is illegible, or the form is incomplete, it will delay processing or require submission of another claim form. Where “DK” is a choice below, it means you “Don’t know.”

Fill this form out completely in blue or black ink; sign it, have it notarized, and **MAIL** the **ORIGINAL** to the Division, with all required **ATTACHMENTS** (see last page of claim form), to the following address: Funeral & Cemetery Division, ATTN: Preneed Claims, 200 E. Gaines Street, Larson Bldg, Tallahassee FL 32399-0361. You must provide us with the original signed claim; due to fraud considerations we cannot process a photocopy or scanned copy of the signed original.

Section A. Claimant Information (Claimant is the person who paid for the preneed contract. This claim must be filed by the person who paid for the preneed contract.)

1) Claimant name (full legal name)	2) Claimant phone # (area code+ ph #)	3) Claimant’s Social Security Number
4) Claimant’s full address (street, city, state, zip) (PO Boxes are NOT acceptable)		Claimant Email address
5) Are you, the claimant, aware of any person who does or would dispute your authority and standing to file this claim and/or to receive payment under this claim? (circle one) YES NO		

Section B. Information About The Preneed Contract and Payments

1) Name and address of firm that issued the preneed contract and that you believe will not honor the preneed contract:		
2) Date of the preneed contract that is the subject of this claim:	3) What was the total price of the preneed contract:	4) Preneed contract number (will usually be printed at or near the top of the preneed contract) (if no number shown, enter "NA"):
5) How much did you actually pay, in total, for the preneed contract? \$ _____		
6) How was payment by you made? (check and fill out applicable) <input type="checkbox"/> Single lump sum cash or check payment at time of sale <input type="checkbox"/> Entire price charged to a credit card acct no: _____ <input type="checkbox"/> A down payment of \$ _____ followed by _____ installment payments of \$ _____ <input type="checkbox"/> Other as follows:		
7) Have you or any other person received from any source any refund of any amount you paid for the preneed contract? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much was refunded, by whom, and on what date(s):		
8) Has any of the merchandise (for example, casket, urn, grave marker, etc.) purchased in the preneed contract, been received by you or anyone else? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state what merchandise has been received:		
9) Have any of the services purchased in the preneed contract been provided to you? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, state what services have been provided:		

10) Have you seen or received any information indicating that any portion of the funds you paid for the preneed contract were placed in any trust?
 YES NO
 If yes, provide here any information you have as to the name or location of the trust:

11) Was the preneed contract to be funded in whole or part by a life insurance policy? Yes No
 IF YES:
 a) State name of life insurance company:
 b) What is the policy number:

(Usually you should attempt to contact and ask the seller for a refund before filing this claim)
 12) Have you attempted to contact the seller of the preneed contract for a refund? YES NO
 If NO, why not?

 If YES, what was the result of your attempt to get a refund from the seller?

Section C. Amount of Claim

State the amount of payment from the Consumer Protection Trust Fund that you are requesting payment claiming under this claim:
 \$ _____

SIGNATURE OF CLAIMANT
 837.06 False official statements.--Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. [Florida Statutes]
 I, the person signing below, do certify that all the information provided herein is true and correct and that all materials submitted with this claim are legitimate and authentic, to the best of my knowledge and belief.

Claimant signature Date signed

Print the name of the person signing above: _____

NOTARY

STATE OF _____, COUNTY OF _____

The foregoing instrument was sworn to and subscribed before me this _____ day of _____, in the year _____, by

_____, who (check one)

is personally known to me Produced a picture ID of the following type:

 Signature of Notary

Affix Seal

ATTACHMENTS

Submit the following items with this claim:

- 1) Preneed contract it shall be complete, fully legible, and signed and dated.
- 2) Preneed contract amendments or addendums signed and dated.
- 3) Proof of amount paid for the preneed contract. Typically such proof consists of one or a combination of:
 - Copies of cancelled checks (front and back) showing payment or payments for the preneed contract.
 - Receipts issued by the seller of the preneed contract.
- 4) Original certified death certificate (see explanation of below).

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WHERE TO SEND THIS CLAIM FORM: To file this claim, complete and mail this form with required attachments, to:

Funeral and Cemetery Division
 ATTN: PRENEED CLAIMS
 Larson Bldg
 200 East Gaines Street
 Tallahassee FL 32399-0361

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“**Original Death Certificate**” is the death certificate that bears the original embossed seal or colored stamp and/or signature of the issuing county (e.g. Department of Health/ Bureau of Vital Statistics) staffer.

“**Beneficiary**” is the person whose death and final arrangements are/were the subject of the preneed contract.

“**Purchaser**” is the person who actually paid for the preneed contract. In most cases the Purchaser and the Beneficiary are the same person. However, in some cases a spouse, an adult child or other family member, or some other person, may separately pay for the preneed contract. Whoever pays for the contract is the “Purchaser.” From a legal perspective, the Purchaser is generally considered the owner of the rights under the contract.

“**At-need contract**” refers to a contract (agreement) for funeral, cremation, burial or related services and merchandise, purchased at or after the time of death. For example, when a person dies and a surviving family member engages a local funeral home to take the body and conduct funeral services or perform a cremation, there is typically an “at-need” contract (agreement) entered into for those at-need services.

“**At-Need Provider**” typically refers to a funeral home or cremation service or cemetery, which provides services pursuant to a contract or agreement entered into at or after the time of death.

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