

MassHealth Estate Recovery Application Form for Exemption of Certain Assets for American Indians and Alaska Natives



General Instructions:

This form must be completed by the court-appointed personal representative or public administrator of an estate in order for MassHealth to determine if the estate qualifies for an exemption of certain assets from estate recovery for American Indians and Alaska Natives. For MassHealth notices of claims presented on or after July 1, 2009, and upon application by the personal representative or public administrator of an estate, recovery of certain types of income, resources, and property will be waived from the MassHealth claim for American Indians and Alaska Natives. This form is applicable to heirs who receive an inheritance from an estate which meets the qualifications for an exemption due to American Indian or Alaska Native association, as described by federal and state laws and regulations. If the estate may also qualify for a hardship waiver, the personal representative or public administrator of the estate should apply for a hardship waiver using the separate request form.

This completed form and all required documentation listed below must be sent as soon as possible, but no more than 60 days after the MassHealth notice of claim is filed in the probate court, by certified mail to:

MassHealth Estate Recovery Unit
PO Box 15205
Worcester, MA 01615

For more information on estate recovery, see 130 CMR 501.000, 130 CMR 515.000, and www.mass.gov/estater recovery

Estate Information

Estate of

Name of Personal Representative(s) or Public Administrator(s)
.....
.....

Phone number of Personal Representative(s) or Public Administrator(s).....

Email of Personal Representative(s) or Public Administrator(s)

Name of Attorney Representing the Estate

Name of federally-recognized or Massachusetts-recognized Tribe, when applicable (please indicate if recognized federally or by Massachusetts)
Federal or State

I/we,..... court-appointed personal representative(s) or public administrator(s) of the estate of, request that MassHealth waive all or part of its estate recovery claim and further assert that the above-mentioned estate's income, resources, or property should be waived from MassHealth's claim because they meet the exemptions listed at 130 CMR 501.013(G) and 130 CMR 515.011(G).

Personal Representative or Public Administrator Signature

..... Date

Personal Representative or Public Administrator Signature

..... Date

Documentation required for an exemption of certain assets from Estate Recovery for American Indians and Alaska Natives:

- An affidavit signed by the personal representative or public administrator of the estate under the pains and penalties of perjury attesting that:
 - The income, resources, or property of the estate meet the requirements for exemption of estate recovery for American Indians and Alaska Natives as provided for in 130 CMR 501.013(G) and 130 CMR 515.011(G), as well as any other pertinent information that supports this claim.
- Documentation that supports that the income, resources, and property of the estate meet the requirements for exemption of estate recovery for American Indians and Alaska Natives as provided for in 130 CMR 501.013(G) and 130 CMR 515.011(G).
- Copy of current deed to inherited real estate, if applicable.
- Probate inventory, listing all probate assets and values.
- Copy of deceased member's will filed in probate, if any .
- Copy of Massachusetts Probate Court (MPC) Form 162 Surviving Spouse, Children, Heirs at Law.
- Copy of Massachusetts Probate Court (MPC) Form 163 listing devisees if a will was filed in probate.

MassHealth may request documentation in addition to those listed above in order to substantiate your request.