

PRENEED CHECKLIST

Active File

_____ Preneed Contract (do not date or sign until money is received and insurance assignment / beneficiary documents are completed by policy owner.)

_____ Preneed Statement of Goods and Services Selected

_____ Copy of Insurance Application (if new policy)

_____ Copy of Insurance Assignment / Beneficiary designation documents

_____ Copy of Purchaser's Check (made payable to bank or insurance company)

You cannot commingle preneed funds with your funeral home operating account. Credit card payments are not an acceptable form of preneed payment under current statute. Credit cards may only be used if they are linked to a preneed clearing account or when the transaction is processed directly by the insurance company.

_____ Copy of the \$20.00 filing fee check to NCBFS

_____ Issue receipt from Preneed Receipt Book or post payment to preneed cash receipts journal (Board form PN-6. Note: You may also use a spreadsheet format for the receipts journal provided it includes data required on PN-6.)

_____ Deposit trust funds or forward insurance premium **within 5 days**

_____ Copy of deposit slip or check to insurance company

_____ Initials of Licensee or other authorized staff member indicating that above items are completed

Performed / Closed File

_____ Contents from active file (above)

_____ Certificate of Performance (email to cop@ncbfs.org; print or save email)

_____ If inflation-proof, the Preneed Calculator spreadsheet available on the Board's website

_____ Copy of Lapse / Cancellation or other termination notice

_____ At-Need Statement of Funeral Goods and Services (**signed by a licensee**)

_____ Copy of **FINAL BILL (Accounts receivable ledger or some form of documentation as to the total amount billed including obits, death certificates, and all payments received on the account, preneed and otherwise.)**

_____ Copies of all insurance claim forms

_____ Copies of all checks received

_____ Copy of any refund check issued (In excess of \$1,000.00 must be made to estate or clerk or court)

_____ Initials of Licensee or other authorized staff member indicating that above items are completed