



5. It is agreed that if the insured is a) a person who during their lifetime received medical assistance from the Kansas Department of Health and Environment, or b) a surviving spouse of a person who received medical assistance, any excess policy proceeds remaining after payment to the funeral home for funeral goods and services shall be paid to the Secretary of the Kansas Department of Health and Environment to the extent of medical services expended on the deceased recipient.
  
6. The Assignee funeral home is under no obligation to pay any premium or other charges on the policy.
  
7. The insurance company hereby acknowledges that by recording the Irrevocable Assignment of Benefits, it agrees to accept and abide by the terms thereof.

Executed this \_\_\_\_\_ day of \_\_\_\_\_.

Policy/Annuity Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip code: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Authorized Funeral Home Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Recorded by:

Insurance Company: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_