

SETTLEMENT SOLUTIONS NATIONAL POOLED TRUST

1500 E. ROBINSON STREET • ORLANDO, FL 32801
877-716-2111 • 407-704-2638 (FAX)

Joinder Instructions/Notes

- **Settlor:** Settlor is a term for the person creating the pooled trust sub-account. In the case of the pooled trust, that person can be the injury victim, parent, grandparent, legal guardian or via court order. If the person signing is acting under a Power or Attorney or a Court appointment of guardianship, please provide a copy of that document. There can only be one settlor. The settlor will not be husband and wife or parent and child. It will only be the disabled injury victim or their legal representative if they are incapacitated.
- **Beneficiary:** Beneficiary is the person who is disabled and receiving government benefits for whom the trust is being created (i.e., the injury victim). In some cases, the injury victim will be the trust beneficiary and settlor. Beneficiary is **not** synonymous with who will receive the money left in the trust at death.
- **Disability:** The beneficiary must be disabled within the Social Security definition of disability to create a pooled trust sub-account as defined in section 1382c(a)(3).
- **Incapacity/Minors:** If the injury victim is incapacitated or is a minor and has a guardian, we need the information on the legal representative. We will need the letters of guardianship or Power of Attorney with the intake. Also, if the guardian does not have specific authority to sign the joinder then we **must** have a court order authorizing them to sign as settlor.
- **Court as Settlor:** If the trust is being created by court order, then the court actually is the settlor. We will need to review any court order prior to the judge signing it to make sure it accomplishes what is necessary for joinder.
- **Public Assistance:** Please provide as detailed information as possible regarding the type of government assistance the client is receiving. We need to have a copy of the client's Medicaid card and Medicare card (if applicable) along with information regarding the SSI benefit (if applicable). Please list the person's current monthly income and medical insurance benefits. **Supplemental Security Income (SSI)** is a monthly cash benefit that is administered through the Social Security Administration for people with disabilities whose income is low and whose assets do not exceed \$2,000. **Social Security Disability Insurance (SSDI)** is a monthly payment based on the work history of the person with a disability or, in some cases, the work history of the person's parent(s). **Medicare** is a Federal medical insurance program for people with disabilities who have been on SSDI for at least two years or people over age 65. **Medicaid (Medical Assistance)** is a Federal

and State funded program administered in Florida by the Department of Children and Families. It can cover medical expenses, medications and long term care expenses. Please include the name of a contact person connected with the applicable assistance or benefits, if possible.

- **Needs:** Please request the injury victim (or family) provide detailed information about the needs they want met after joining the pooled trust.
- **Identification:** We will need a copy of identification for both the settlor and beneficiary (if different). The best form of identification is a valid driver's license.
- **Funding the pooled trust:** The check for funding the pooled trust sub account should be made payable as follows:

Settlement Solutions National Pooled Trust

Please place the beneficiary's name in the memo section

The check should be sent to:

Settlement Solutions National Pooled Trust

1500 East Robinson Street

Orlando, FL 32801

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