

PLAN of CT
Planned Lifetime Assistance Network of Connecticut, Inc.
P. O. Box 290937, Wethersfield, CT 06129
860-523-4951

Self-Settled Trust Checklist

1. Trust Adoption Agreement _____
 - Please ensure that the TAA is initialed where indicated
 - Date the document when it is signed by the Grantor

2. Personal Care Plan (PCP) _____
 - 13 page document

3. Proof of Disability _____
 - Disability determination letter from Social Security *or*
 - SSD payment stub or proof of direct deposit

4. Proof of guardianship, conservatorship or PLAN Designation of Agent _____
Form

5. If established by a conservator _____
 - Court decree stating the conservator can *establish and fund* the trust

6. \$1,050 PLAN of CT establishment fee _____

7. State Issued ID _____

The PLAN of CT Trust Committee meets the 2nd Thursday every month to approve trust documents.

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