

PLAN of CT
Planned Lifetime Assistance Network of Connecticut, Inc.
P.O. Box 4280, Hartford, CT 06147
860-523-4951

3rd Party Trust Checklist

1. Trust Adoption Agreement/Trust Document (Choices A-C) _____
 - Please ensure that the TAA is initialed where indicated
 - Date the document when it is signed by the Grantor
 - Sign the Trust Document

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

3. Power of Attorney or Designation of Agent form for beneficiary _____
(if applicable)

4. \$1,050 PLAN of CT establishment fee _____

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