

Annuities and the Kansas Medical Assistance Program Annuity Information Request

The following individual has applied for Kansas Medical Assistance. In order to complete the determination, additional information is needed about any annuities this individual, or his or her spouse, may own.

Name: _____ SSN _____ DOB _____

A release of information authorizing the release of this information to the Kansas Department for Children and Families and the Kansas Health Policy Authority is included with this request.

Please return the completed form, with a copy of the annuity contract, to the DCF caseworker listed below:

Name: _____ Phone No: _____
Fax: _____ DCF Office: _____
Address: _____ City: _____ State _____ Zip _____

IMPORTANT: Under U.S.C. 1917(c)(1)(F) the State of Kansas must be named as a preferred remainder beneficiary of an annuity owned by a Medicaid beneficiary, or a spouse, requesting long term care assistance. Kansas Medicaid will recover from the funds remaining in the contract at the time of death, up to the amount of medical assistance paid. We will notify you if the individual is approved for coverage.

If more than one annuity is owned, please use a separate page for each annuity. The information must be completed by an authorized representative of the company or organization that issued the annuity.

1. List the Annuity Contract Number: _____
2. List the Annuity Carrier: _____
3. Name of Annuity Owner: _____
4. Name of the Annuitant: _____
5. Date the Annuity was purchased: _____
6. Describe the type & terms of the annuity (e.g. single premium, deferred, immediate):

7. Have any of the following occurred since 02/08/2006? (Check all that apply):
- | | | |
|-----------------------------------|-----------------------|------------------------------|
| | If checked, list DATE | If checked, list DATE |
| _____ Additions to the Principle | _____ | _____ Elective Withdrawals, |
| _____ Changes in the Distribution | _____ | _____ Election to Annuitize, |

8. Does the annuity meet any of the following conditions? (check all that apply):

An individual retirement annuity (according to Sec. 408(b)) of the Internal Revenue Code of 1986 (IRC)

A deemed individual Retirement Account (IRA) under a qualified employer plan (according to Sec. 408(q) of the IRC)

Was the annuity purchased with funds from one of the following sources? (check all that apply):

A traditional IRA (IRC Sec. 408(a))

An account or trust which is treated as a traditional IRA (IRC Sec. 408 (c))

A simplified retirement account (IRC Sec. 408 (p))

A simplified employee pension (IRC Sec. 408 (k))

A Roth IRA (IRC Sec. 408A)

Unknown

Other, list _____

9. Is the annuity in the accumulation phase?

No

Yes

10. Is the annuity in the payment stage (e.g. been annuitized)?

No

Yes, complete the following:

Date the annuity became annuitized _____

Payout Period _____

Payment Rate and Frequency _____

Total paid into the annuity _____

Total dividends & interest earned _____

Total of all payments from the annuity to date _____

11. Does the annuity have a cash value?

No

Yes, list value _____

12. Is the annuity assignable?

No

Yes; list any prohibitions _____

Please list the name and job title of the individual completing this form:

Name

Job Title

Signature

Date

Address

Phone

City

State

Zip