



## 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 Health and Environment is included with this request.

Please return the completed form, with a copy of the annuity contract, to the KanCare Clearinghouse:

P.O. Box 3599  
Topeka, KS 66601-938  
Fax: 1-844-264-6285

**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