



## Annuity Clearance Request Form

\* Indicates a Required Field

Fill out a separate B-6.1 form for each annuity identified in the case file. If requesting a trust clearance, please complete a B-6.2 form.

* Case Name:		* Worker Name:	
* Case number:		Phone Number:	
Date of Request:		Supervisor:	

Please list where the document(s) needing to be reviewed can be located in ImageNow.

* ImageNow Doc Type	* Date	* Pages

Please complete all of the following fields and questions as thoroughly as possible. This will aid the policy unit in making a determination as quickly as possible.

* Company Name	
* Contract Number	
* Owner(s)	
* Annuitant(s)	
Remainder Beneficiary	
* Date Purchased	

**If annuitized, please complete the following fields: (only required if annuitized)**

* Date Annuitized	
* Payment Rate & Frequency	

1. Is this account deemed a retirement account by Internal Revenue Code?    Yes                      No

2\*. Has the applicant/recipient provided three purchase refusal letters?    Yes                      No

3. Describe the approximate value of assets in the annuity. \_\_\_\_\_

4. Who owned the assets before they were in the annuity and/or what was the source of the funding?  
\_\_\_\_\_

5. Has the applicant recently transferred away any other assets?    Yes                      No

- Annuities must include an ES-3167 and ES-3167A as well as a complete copy of the annuity contract. The ES-3167A must be signed by a representative from the insurance agency to be valid.

**If the consumer provides some but not all information, create a task for the information to be reviewed by KDHE Policy prior to denying for failure to provide. In some situations, the information provided may be used to complete clearance.**

If the request is urgent, the Task Priority in KEES must be marked as Urgent Need.

*KDHE Eligibility staff decides what effect, if any, there is on eligibility; however, Policy may ask the KDHE Legal Division for advice and interpretation. Do not disclose any Legal Division advice or comments in any communication with or to the applicant, recipient, medical representative, family members, attorneys, or during any fair hearing.*