



MEDICAID ANNUITY INFORMATION - DISCLOSURE

INSTRUCTIONS

Wisconsin State and Federal law requires you to complete this form for any annuity that you and/or your spouse own. Use a separate form for each annuity that you own. Return the signed, completed form(s) to your local agency at the address listed on page 2. Failure to submit this completed form will result in a denial or termination of all Wisconsin Medicaid Long Term Care services.

Annuitant Name (Last, First, MI)				
Address (Street)		City	State	Zip Code
Annuity Issuer		Purchase Date	Annuity Contract Number	
(1) Name of person who owns the annuity (Last, First, MI)		(2) Name of person who owns the annuity (Last, First, MI)		
Social Security Number*	Date of Birth	Social Security Number	Date of Birth	

*Personally identifiable information and Social Security Numbers are used only for the direct administration of the Wisconsin Medicaid program.

Please indicate if any of the following statements describe your annuity. Check all that apply.	
The annuity is considered either:	
<input type="checkbox"/> An individual retirement annuity [according to Sec.408 (b) of the Internal Revenue Code of 1986 (IRC)]	
<input type="checkbox"/> A deemed Individual Retirement Account (IRA) under a qualified employer plan (according to Sec.408 (q) of the IRC)	
OR	
The annuity was purchased from proceeds from one of the following	
<input type="checkbox"/> A traditional IRA (IRC Sec. 408a)	
<input type="checkbox"/> Certain accounts or trusts which are treated as traditional IRAs [IRC Sec. 408 §(c)]	
<input type="checkbox"/> A simplified retirement account [IRC Sec. 408 §(p)]	
<input type="checkbox"/> A simplified employee pension [IRC Sec. 408 §(k)]	
<input type="checkbox"/> A Roth IRA (IRC Sec. 408A)	
<input type="checkbox"/> Other (please describe) _____	
Please include proof from your financial institution, employer or employer association of how you funded this annuity.	
<input type="checkbox"/> The annuity is irrevocable and non-assignable.	
<input type="checkbox"/> The annuity is actuarially sound.	
<input type="checkbox"/> The annuity provides payments in approximately equal amounts, with no deferred or balloon payments.	

Have any transactions been made on this annuity on or after January 1, 2009? Check all that apply.

- Added to the principal of the annuity. (Check this box if funds were added to the annuity or if funds were rolled over from another source into the annuity.)
- Elective withdrawals made. "Elective withdrawals" means getting money out of the annuity that is not part of the regular payout schedule.
- Changed the way money is paid out of the annuity.

What was the change? _____
 _____ Date change made? _____

- Changed the annuity owner, payee or death beneficiary, including the transfer of ownership in whole or in part to a trust. **Note:** DO NOT check this box if the only change made to the annuity on or after January 1, 2009, was naming the Wisconsin Department of Health Services a death beneficiary.

What was the action? _____
 _____ Date of action? _____

- No transactions have been made on or after January 1, 2009.

I declare that, under penalty of perjury or false swearing, that all of the information I have provided is correct and complete to the best of my knowledge.

SIGNATURE – Member/Applicant	Date Signed
SIGNATURE – Spouse or Parent/Guardian	Date Signed
SIGNATURE – Authorized Representative	Date Signed

Agency Name and Address

Agency Worker

Telephone Number