

North Carolina _____ County Department of Social Services

INFORMATIONAL NOTICE REGARDING ANNUITIES AND MEDICAID
ELIGIBILITY

Date: _____

Re: _____

SSN: _____

Re: _____

SSN: _____

Dear Sir or Madam:

You are receiving this notice because you are identified as an issuer of an annuity purchased by the above named Medicaid applicant or recipient and/or spouse of a Medicaid applicant or recipient who is requesting or receiving Medicaid coverage of nursing facility services. This is to notify you of a new federal requirement. A notice of this requirement has also been sent to the Medicaid applicant/recipient.

The federal Deficit Reduction Act of 2005 requires for annuities purchased or changed by an individual and/or his spouse or authorized representative on or after November 1, 2007 that:

- The North Carolina Medicaid Program must be named the remainder beneficiary in the first position; or
- The North Carolina Medicaid Program must be named in the next position after a spouse or child under age 21 or a disabled child of any age.

Sincerely,

_____,
Income Maintenance Caseworker

County Address Here