County Letterhead

Date

_____ Re: _____
_____ SSN: _____
_____ Re: _____
_____ SSN: _____

Dear Sir/Madam:

We are in the process of determining Medicaid eligibility for the above named individual. He and/or his spouse own an annuity issued by your institution. This person is aware that we are conducting this evaluation and has signed his consent for the release of information. Please complete the reverse side of this letter regarding all annuities of these individuals and return as quickly as possible.

Thank you for your prompt assistance in this important matter.

Sincerely,

_____

Income Maintenance Caseworker

I give my consent for the release of this information.

_____
Signature of applicant/recipient

I give my consent for the release of this information.

_____
Signature of spouse

☐ Consent for release of information on file. Contact the above caseworker with any questions.

Policy Name:_____ Policy number:_____

Policy Value:_____ Payment amount: _____

Please indicate if any of the following have occurred on the above annuity. If so, provide further explanation of that change:

☐ Purchase Date: _____Value _____

☐ State of North Carolina Medicaid Program named as beneficiary. Date._____
Explain_____

☐ Value of Annuity on this date:
Date:_____Explain_____

Is the Annuity Salable? YES ☐ NO ☐
Date:_____Value_____Explain_____

Is the Annuity Assignable? YES ☐ NO ☐
Date:_____Value:_____Explain_____

Is the Annuity Non-Assignable? YES ☐ NO ☐
Date:_____Value_____Explain_____

Is the Annuity Revocable? YES ☐ NO ☐
Date:_____Value:_____Explain_____

Is the Annuity Irrevocable? YES ☐ NO ☐
Date:_____ Value_____ Explain _____

☐ Addition to Principal? YES ☐ NO ☐ Date: _____
Explain_____

☐ Elective withdrawal? YES ☐ NO ☐ Date: _____
Explain: _____

☐ Request to change distribution? YES ☐ NO ☐ Date: _____
Explain: _____

☐ Election to annuitize contract? YES ☐ NO ☐ Date: _____
Explain: _____

☐ Other change? YES ☐ NO ☐ Date_____
Explain:_____

Signature and Title of Person Providing Information:_____

Date Form Completed:_____