



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

W-1540
(New 5/07)



Annuities and Your Eligibility for Long-Term Care Medical Services

An annuity is a financial tool that can produce income either yearly or at regular intervals based on the terms of annuity contract. You need to tell the department about any annuities that you or your spouse may have. The department looks at any annuities that you or your spouse may own to see if you are eligible to receive long-term care medical services.

The Deficit Reduction Act of 2005 made changes to the way the Department of Social Services looks at assets when we determine eligibility for our programs. When you receive help with nursing home costs or the cost of long-term medical services in the community, the Department of Social Services becomes the preferred remainder beneficiary on any annuity purchased on or after February 8, 2006. If you have a spouse or a minor or disabled child that is named as a beneficiary, the State will become the beneficiary in the second position.

We will not ask you to change the beneficiary until we grant assistance. Once you have been granted assistance, you will have thirty days from the date that your assistance is granted to send us proof that the beneficiary has been changed. If you do not change your beneficiary within thirty days, we will take action to stop payment of long-term care medical services. You will not lose these benefits if you have a good reason for not doing what we asked.

We also require the issuer of an annuity to notify us of any changes in the way that income from the annuity is distributed or any changes in the principal from the annuity. Finally, the issuer may share information regarding the Department of Social Services' position as a remainder beneficiary to others who have a remainder interest in the annuity.

By signing this document you are stating that you understand how the department treats annuities and that you agree to cooperate in ensuring that the Department of Social Services appears as the preferred remainder beneficiary on any appropriate annuities.

Applicant/Recipient Signature

Date

This information is available in alternate formats. Phone (800) 842-1508 or TDD/TTY (800) 842-4524.



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Anualidades y su Elegibilidad para Servicios Médicos de Atención a Largo Plazo

Una anualidad es un instrumento financiero que le produce una renta anual o intervalos fijos basados en el término del contrato de la anualidad. Usted debe informarle al departamento sobre cualquier anualidad que usted o su esposo(a) reciban. El departamento se fija en las anualidades que usted o su esposo(a) tienen para ver si son elegibles para recibir servicios médicos de atención a largo plazo.

El Acto de Reducción del Déficit del 2005 hizo cambios en la forma en que el Departamento de Servicios Sociales mira el capital para determinar elegibilidad en nuestros programas. Cuando usted recibe ayuda con los gastos de una casa de ancianos/ convalecencia o con los gastos de servicios médicos a largo plazo en la comunidad, el Departamento de Servicios Sociales se convierte en el beneficiario primario de cualquier anualidad comprada el 8 de febrero del 2006 o más tarde. Si usted tiene un esposo(a) o un hijo menor o un niño incapacitado quien es el beneficiario primordial, el Estado será el beneficiario secundario.

No le pediremos que cambie al beneficiario hasta que le otorguemos asistencia. Una vez que le demos asistencia, usted tendrá treinta días desde la fecha en que se le otorgó dicha asistencia para enviarnos prueba de que dicho beneficiario ha sido cambiado. Si usted no cambia su beneficiario dentro de los treinta días, tomaremos acción para detener el pago de los servicios médicos de asistencia a largo plazo. No perderá esos beneficios si tiene una buena razón para no haber hecho lo que le pedimos.

También requerimos del emisor de la anualidad que nos notifique cualquier cambio de cómo el ingreso de la anualidad se distribuye o algún cambio en el monto principal de la anualidad. Finalmente, el emisor puede compartir información en cuanto a la posición del Departamento de Servicios Sociales como beneficiario remanente con otros que tengan un interés remanente en la anualidad.

Al firmar este documento, usted está afirmando que entiende cómo el departamento trata a las anualidades y que está de acuerdo en cooperar para asegurar que el Departamento de Servicios Sociales aparezca como beneficiario remanente preferido de las anualidades apropiadas,

Firma del Solicitante/Recibidor

Fecha

Esta información está disponible en diferentes formas. Teléfono (800) 842-1508 o TDD/TTY (800) 842-4524.



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

W-1541
(New 5/07)



Notification of Right to Preferred Remainder Beneficiary Status

To: _____

Date: _____

Client Name: _____

Account #: _____

Dear Sir or Madam:

Pursuant to 42 USC 1396p, the State of Connecticut hereby notifies you of its right to be named as the preferred remainder beneficiary for the annuity and the individual named above for medical assistance provided by the Department of Social Services. The department has chosen to exercise this right.

This same section allows the State to require that the issuer of an annuity or similar financial instrument notify the State when there is a change in the amount of income or principal being withdrawn from the amount that was being withdrawn at the time of the most recent disclosure. This information will be used to determine ongoing eligibility for benefits. The department has chosen to exercise this right as well.



ESTADO DE CONNECTICUT
DEPARTAMENTO DE SERVICIOS SOCIALES

Notificación sobre el Requisito de Nombrar un Beneficiario

Hemos aprobado su aplicación para los servicios de atención médica a largo plazo. Nos informó en su aplicación que usted o su esposo poseen una o más anualidades. Para poder seguir recibiendo los servicios de atención médica a largo plazo a través del departamento, debe nombrar al Estado de Connecticut como beneficiario remanente primario de todas las anualidades que usted o su esposo poseen. Si un esposo, un menor o un niño incapacitado es el nombrado como beneficiario primario, el Estado de Connecticut será el beneficiario secundario. El departamento le notificará al emisor de su(s) anualidad(es) de nuestro derecho de ser nombrado beneficiario debido a la atención médica que le prestamos.

Deberá entregarnos prueba de que usted ha nombrado al Estado de Connecticut como beneficiario dentro de los treinta días de la fecha de esta carta.

Si no puede hacer lo que le pedimos, llame a su trabajador. Su trabajador podrá ayudarlo.

Nombre del Trabajador

Teléfono del Trabajador

Fecha



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

W-1542
(New 5/07)
DOCUCENTER

Notification of Requirement to Designate Beneficiary

We have granted your application for long-term care medical services. You told us on your application that you or your spouse own one or more annuities. In order for you to continue to receive long-term care medical services from the department, you must name the State of Connecticut as the remainder beneficiary in the first position on all annuities owned by you or your spouse. If a spouse or a minor or disabled child is named as beneficiary in the first position, the State of Connecticut becomes the beneficiary in the second position. The department will notify the issuer of your annuity(ies) of our right to be named as beneficiary because of the medical help that we give you.

You must give us proof that you have named the State of Connecticut as a beneficiary within thirty days from the date of this letter.

If you cannot do what we ask you to, call your worker. Your worker will be able to help you.

Worker's Name

Worker's Telephone #

Date

This information is available in alternate formats. Phone (800) 842-1508 or TDD/TTY (800) 842-4524.