

## Annuities and Your Eligibility for Long-Term Care Medical Services

You or your spouse have applied for help paying for long-term care services or home care. The department needs to know if you or your spouse owns any annuities. If you do not tell us about any annuities that you or your spouse own, you will not be eligible to get help with the cost of your long-term care. The State of Connecticut will be the remainder beneficiary of any annuities that you or your spouse have.

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.

Complete the information below, sign, and date.

I have at least one annuity.  My spouse has at least one annuity.  My spouse and I do not have any annuities.

Signature of Applicant, Authorized Representative, Conservator, or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

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

## Work Income. Tell us about your household's income from work including all jobs worked by any household member in the past 3 months. Income from work means wages, salary, tips, and commissions. Attach another page if needed.

Yes  No Do you or your spouse receive any income from working? If yes, tell us below.

Job 1	Name of individual working		Employer / company name		
	Company contact's name and title		Employer's phone		
	Employer's address (street, city, state, zip)			Start date	
	How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		Gross income per pay period (before taxes and deductions) \$	Hours worked per week	Rate per hour
Job 2	Name of individual working		Employer / company name		
	Company contact's name and title		Employer's phone		
	Employer's address (street, city, state, zip)			Start date	
	How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		Gross income per pay period (before taxes and deductions) \$	Hours worked per week	Rate per hour

Send proof of any work income you listed. Check the "Do you have your proof documents?" section of the instructions for examples of which documents to send copies of along with your application. Some examples below:

- Last four paystubs

