



Minnesota Department of **Human Services**

# Minnesota Health Care Programs Required Annuity Information

Date: \_\_\_\_\_  
Worker name: \_\_\_\_\_  
Worker phone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Agency name: \_\_\_\_\_  
Agency address: \_\_\_\_\_  
\_\_\_\_\_

Client name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Annuity contract number: \_\_\_\_\_

ANNUITY OWNER'S FULL NAME (1)		ANNUITY OWNER'S FULL NAME (2)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH

## Client Instructions

This form is used to get information about an annuity you or your spouse own.

Follow these steps:

1. Read, complete and sign the form.
2. Return this form to your worker by \_\_\_\_\_.  
DATE

### 1. How did you fund the annuity listed above? Check all that apply.

- ☐ Savings or checking account
- ☐ Individual Retirement Account (Traditional IRA)
- ☐ Court-ordered settlement
- ☐ Proceeds from an employer-based retirement savings plan
  - ☐ Simplified Employee Pension (SEP) IRA
  - ☐ Savings Incentive Match Plan for Employees (SIMPLE) IRA
  - ☐ Roth IRA
- ☐ Purchased by employer or union as part of a defined-benefit pension plan
- ☐ Deemed IRA under a qualified employer plan
- ☐ An account or a trust established by an employer, employee association or union that is not listed above.
- ☐ Other: \_\_\_\_\_
- ☐ I do not remember.

**Over →**

**2. Have any transactions been made on this annuity on or after February 8, 2006?** 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. List the change and the date it was made.

CHANGE	DATE OF CHANGE
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- ☐ 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 February 8, 2006, was naming the Minnesota Department of Human Services a death beneficiary.

ACTION	DATE OF ACTION
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- ☐ No transactions have been made on or after February 8, 2006.

I declare that, under penalty of perjury, the information I have provided is true and correct to the best of my knowledge. I understand what happens to people convicted of perjury (not telling the truth). They may be sentenced to prison for up to five years, a fine up to \$10,000, or both.

All of the following people must sign below:

- Adults age 18 or older who are applying
- Parents, caretakers and guardians applying for children under the age of 21
- Children under age 18 who are applying on their own behalf and not living with a parent, caretaker or guardian
- The person who you have chosen to act on your behalf as an authorized representative.

You must sign this application even if you are authorizing someone to act on your behalf.

If an applicant is unable to sign, provide copies of legal documents of conservatorship or power of attorney.

YOUR SIGNATURE		DATE
SIGNATURE OF SPOUSE OR PARENT/GUARDIAN		DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE
ADDRESS OF AUTHORIZED REPRESENTATIVE		
CITY	STATE	ZIP CODE

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (1-08)

This information is available in alternative formats to individuals with disabilities by calling your agency at (651) 431-2670 or (800) 657-3739. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.