



# Issuer of Annuity Notice of Obligation

DATE

## Designation of Preferred Remainder Beneficiary

Minnesota Statutes § 256B.056, subd. 11 and 42 U.S.C. § 1396p (e) and 1396p (c) (F) require the annuity owner(s) named below to designate the Minnesota Department of Human Services (DHS) as **preferred remainder beneficiary**\* of the annuity described below.

## Instructions

1. Initiate the process to designate DHS as the preferred remainder beneficiary of the annuity identified below.
2. Follow the language provided on the attached (DHS-5036 or DHS-5036A) to designate DHS the remainder beneficiary.
3. Complete the **Confirmation/Status of Request** section of this notice and fax a copy of this form to the county agency contact listed on the reverse side of this form.
4. Complete the issuer responsibilities in Sections A and B below as they occur.

If you have questions about how to comply with this request, contact DHS at (651) 431-3100 (options 3-3).

ANNUITY COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
ANNUITY OWNER(S)	SPOUSE OF ANNUITY OWNER	ANNUITY CONTRACT NUMBER

\**Preferred Remainder Beneficiary* means the individual or entity to whom benefits must first be paid under this annuity. Under state and federal law, DHS must be named as the preferred remainder beneficiary in the first position unless **a spouse not living in a medical institution, minor child, or disabled child** is the designated preferred remainder beneficiary in the first position. DHS is in the next preferred position after any of the above persons.

## Issuer Responsibilities

- A. The issuer of the annuity must notify the **county agency**, at the address on the reverse side:
- (1) Confirm that a preferred remainder beneficiary designation has been made
  - (2) When a change occurs to the amount of income or principal being withdrawn from the annuity on or after the date the annuity owner signs the enclosed Annuity Designation Form (DHS-5036 or DHS-5036A)
  - (3) When the owner requests a beneficiary change after DHS has been named preferred remainder beneficiary; include the name of the new beneficiary
- B. The issuer of the annuity must also notify the **state agency**, at the address below, when the death benefit becomes payable, as follows:
- (1) Request in writing that DHS provide a statement of the total amount of MA paid on behalf of the annuity owner and/or their spouse.
  - (2) If the death benefit is payable to someone other than DHS, provide the name and date of birth of the individual(s) to allow DHS to verify primary beneficiary status

This information is available in other forms to people with disabilities by contacting us at (651) 431-2670 (voice), or toll free at (800) 657-3739. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

DHS will respond to the request within 45 days of receipt and will confirm if payout is due to a beneficiary(s) meeting certain requirements. The issuer must subsequently pay DHS an amount equal to the lesser of the amount payable under the annuity or the total amount of MA paid on behalf of the person(s).

COUNTY ADDRESS			DHS (BENEFICIARY)
WORKER NAME			Minnesota Department of Human Services P.O. Box 64995 540 Cedar Street St. Paul, MN 55164-0995 Phone Number: (651) 431-3100 (select options 3-3) Fax Number: (651) 431-7431
COUNTY ADDRESS			
CITY	STATE	ZIP CODE	
PHONE NUMBER	FAX NUMBER		

### Confirmation/Status of Request to Name DHS Beneficiary of Annuity

Within 30 days of the date of this notice, the annuity issuer must provide the following Confirmation/Status Reply to the county worker identified above:

- ☐ DHS has been named a preferred remainder beneficiary of this annuity as required by law
- ☐ DHS has been named the remainder beneficiary, as provided by law, after the annuity owner's spouse, who is not living in a medical institution, or after an annuity owner's minor child(ren) or disabled child(ren)
- ☐ The beneficiary change is in process; expected date of completion \_\_\_\_\_. Provide notice to the county worker when change is completed.
- ☐ The annuity owner(s) has not returned the requested information \_\_\_\_\_ OWNER NAME \_\_\_\_\_ DATE REQUESTED
- ☐ No death benefit is available under this annuity
- ☐ Other \_\_\_\_\_

PERSON COMPLETING FORM	PHONE NUMBER	DATE
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Attention. If you want free help translating this information, ask your worker.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker).

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນາໜັງງານຊ່ວຍວຽກຂອງທ່ານ.

Hubaddhu. Yo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị.

LB1-0001 (1-08)