



LETTER TO ANNUITY ISSUER

Name:
Address:

Date Mailed: _____
Re: _____
Annuity
Contract No.: _____

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This letter is to notify your company that the person referenced above receives Medicaid (or is the spouse of a Medicaid recipient) in the State of Florida and informed our Department of his/her ownership interest in an annuity issued through your company. Receipt of Medicaid subjects the above named person to the provisions enacted under the Deficit Reduction Act of 2005 (Pub.L. 109-171) and codified as 1917(c)(3)(F); 1917(c)(3)(G) and 1917(e) of the Social Security Act.

The law requires, as a condition of receiving Medicaid funded long-term care services, that the owner and spouse:

- Disclose his/her ownership interest in any annuity; and,
- Name the State in the first position as remainder beneficiary of the annuity, unless the individual has named their spouse, or minor or disabled child in the first position. In this event, the state has the right to be named as remainder beneficiary in the position following the spouse and/or the minor or disabled child.

As remainder beneficiary in the first position, the law requires that the state shall be paid (at the owner's death) all proceeds remaining in the annuity account up to the total amount of Medicaid dollars paid for the individual's care. Contact the following agency to settle accounts:

ACS Recovery Services
Post Office Box 12188
Tallahassee, FL 32317-2188
Phone: 1-877-357-3268 (FL-Recov)
E-Mail: FLMedicaidTPLrecovery@acs-inc.com

Attached, is a copy of the annuity at the point Medicaid was approved. We are requesting your cooperation in notifying the Department of Children and Families if any of the following changes in the annuity contract are made:

- A change in the owner or annuitant.
- A change in the beneficiary designation naming an entity other than the State in the first position.
- A change in the amount of income or principal disbursed from the annuity.
- Additions of funds to the annuity principle.
- A change in the disbursement period.

We will review the individual's Medicaid eligibility annually and may request re-verification of their annuity during the review process.

If you have questions about this letter, please contact me.

Eligibility Specialist Name/Phone Number:	Office Address:
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