



Minnesota Health Care Programs Annuity Data Worksheet

Date: _____

Case number: _____

Case name: _____

General Information			
OWNER NAME(S)	ISSUER NAME		CONTRACT NUMBER
PURCHASED BY	DATE OF PURCHASE	PURCHASE PRICE \$	ADDITIONS \$
PAYEE NAME(S)	BENEFICIARY NAME(S)		<input type="checkbox"/> IRREVOCABLE DESIGNATION (AFB) <input type="checkbox"/> ESTATE CONTINGENT BENEFICIARY (AFB)

Basic MA Information			
<input type="checkbox"/> Accumulation Phase	CASH SURRENDER VALUE \$	CURRENTLY IN FREE LOOK PERIOD <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Annuitized	ANNUITIZATION DATE	CASH VALUE ON ANNUITIZATION DATE \$	COMMUTED CASH VALUE \$
	CURRENTLY IN FREE LOOK PERIOD <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> BALLOON PAYMENT	<input type="checkbox"/> PARTIAL SURRENDER AVAILABLE
	PAYMENT FREQUENCY	DURATION OF PAYMENTS	PERIODIC PAYMENT AMOUNT \$
			DATE OF FIRST PAYMENT

MA-LTC Information			
General	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PRIVATE	<input type="checkbox"/> TERM CERTAIN <input type="checkbox"/> LIFE AND SURVIVOR	<input type="checkbox"/> LIFE <input type="checkbox"/> OTHER
	<input type="checkbox"/> DEFERRED ANNUITY <input type="checkbox"/> IMMEDIATE ANNUITY	<input type="checkbox"/> VARIABLE <input type="checkbox"/> FIXED	<input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE
Annuity Type	<input type="checkbox"/> IRA - ANNUITY <input type="checkbox"/> DEEMED IRA - ANNUITY	<input type="checkbox"/> ROTH IRA - ANNUITY <input type="checkbox"/> SIMPLE IRA - ANNUITY	<input type="checkbox"/> SEP IRA - ANNUITY <input type="checkbox"/> OTHER:
Funded By	<input type="checkbox"/> CLIENT	AMOUNT \$	FUNDING SOURCE <input type="checkbox"/> IRA - ACCOUNT <input type="checkbox"/> ROTH IRA - ACCOUNT <input type="checkbox"/> SIMPLE IRA - ACCOUNT <input type="checkbox"/> SEP IRA - ACCOUNT <input type="checkbox"/> TRUST OR ACCOUNT TREATED AS AN IRA AND PROVIDED BY EMPLOYER, EMPLOYER ASSOCIATION OR UNION <input type="checkbox"/> OTHER SPECIFY:
	<input type="checkbox"/> CLIENT'S SPOUSE	AMOUNT \$	
	<input type="checkbox"/> OTHER PERSON	AMOUNT \$	
Annuity Transaction	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRANSACTION DATE	
Death Benefit	<input type="checkbox"/> ALLOWS SOMEONE OTHER THAN SURVIVING SPOUSE TO BE DESIGNATED <input type="checkbox"/> NO DEATH BENEFIT AVAILABLE		
Designate DHS PRB	<input type="checkbox"/> REQUIRED <input type="checkbox"/> DHS-5036 or <input type="checkbox"/> DHS-5036A SENT <input type="checkbox"/> DHS-5037 SENT <input type="checkbox"/> DESIGNATION MADE		
	<input type="checkbox"/> NOT REQUIRED		
Transfer Evaluation	<input type="checkbox"/> N/A <input type="checkbox"/> METHOD 1 <input type="checkbox"/> METHOD 2	<input type="checkbox"/> NO TRANSFER <input type="checkbox"/> PRIVATE ANNUITY	<input type="checkbox"/> PAYMENT REQUIREMENTS NOT MET <input type="checkbox"/> NOT ACTUARIALLY SOUND TRANSFER AMOUNT \$