



Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 www.mass.gov/mashealth

MassHealth Enrollment Center	
MEC street address	
City, MA ZIP	
Telephone number	
TTY number	
Fax number	

Notice of Preferred Remainder Beneficiary/ Annuity Tracking Form

Member Information	
Name of member	
Social security number	Date of birth
Annuity Company Information	
Name of annuity company	
Address	City/state/zip
Telephone number	Fax number
Annuity/Policy Information	
Annuity contract/policy number	
Owner	Annuitant
First position beneficiary	Second position beneficiary
<p>The Commonwealth of Massachusetts Executive Office of Health and Human Services has determined that, pursuant to MassHealth regulations at 130 CMR 520.007(J) and federal law at 42 U.S.C. 1396p(e), the Commonwealth of Massachusetts must be named as a preferred remainder beneficiary in the first position (primary beneficiary) if there is no community spouse or minor or disabled child, or in the second position (contingent beneficiary) following the community spouse or minor or disabled child. The Commonwealth may collect up to the total amount of medical assistance paid on behalf of the individual if there is no community spouse or minor or disabled child. In accordance with federal law 42 U.S.C. 1396p(e), the Commonwealth must notify the annuity issuing company of its interest as a preferred remainder beneficiary under the annuity and will do so by way of sending the company a copy of this form. The annuity issuer/company must notify the MassHealth Enrollment Center named above if there is a change in the amount of income or principal being withdrawn.</p> <p>Upon completion of this form, the MEC worker will send the document with the applicant's original signature to:</p> <p style="margin-left: 40px;">Lifetime Lien Unit P.O. Box 15205 Worcester, MA 01615-0205 1-800-754-1864</p>	

The MEC worker will place a photocopy of the completed and signed document in the eligibility file and send another copy of the document to the MassHealth Annuity Tracking Unit at the following address. The Annuity Tracking Unit will forward a copy to the annuity issuing company.

Executive Office of Health and Human Services
MassHealth Annuity Tracking Unit
600 Washington Street
Boston, MA 02111

Eligibility Worker: _____ Telephone Number: _____

MassHealth Member Certification

Failure to name and keep the Commonwealth of Massachusetts as a beneficiary of the annuity in the proper position will result in the termination of MassHealth benefits and the Commonwealth may recover MassHealth benefits paid while the individual was not eligible.

I hereby certify that I have read and understand this document. I further understand that MassHealth will send a copy of this document to the company that issued or holds the annuity.

Signature of Applicant or Authorized Representative

Signature of Applicant/Authorized Representative: _____

Date: _____