



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

MassHealth Enrollment Center	
Address:	
City/Town/Zip:	
Date:	

Notice of Preferred Remainder Beneficiary

Applicant name	Social security number
----------------	------------------------

Name of issuing company

Address	City/Town/Zip
---------	---------------

The Commonwealth of Massachusetts Executive Office of Health and Human Services has determined that, pursuant to regulations at 130 CMR 520.007(J) and federal law at 42 USC §1396p(e), the Commonwealth of Massachusetts must be named a remainder beneficiary upon the death of the MassHealth applicant or MassHealth member, or spouse of the applicant or member, named below. If the Commonwealth of Massachusetts is not named as a beneficiary as explained below, the applicant's or member's eligibility for MassHealth benefits will be delayed or denied.

Name of purchaser	Account number
-------------------	----------------

Issuer name/Telephone number

The Commonwealth of Massachusetts must be named a remainder beneficiary for the total amount of medical assistance paid on behalf of the institutionalized individual in the

- first position (if there is no community spouse or minor or disabled child), or
- second position (following the community spouse or minor or disabled child) that will change to the first position if the community spouse or the representative of any minor or disabled child disposes of any remainder for less than fair-market value.

The issuer of the annuity described here must also notify the MassHealth Enrollment Center named above if there is a change in the amount of income or principal being withdrawn.

Upon adding the Commonwealth of Massachusetts as a remainder beneficiary, the issuer must furnish documentation to the MassHealth Enrollment Center named above and to the Lifetime Lien Unit.

Lifetime Lien Unit
 P.O. Box 15205
 Worcester, MA 01615-0205
 1-800-754-1864

Eligibility worker	Telephone number
--------------------	------------------

Signature of Applicant or Authorized Representative			
Signature of Applicant	Date	Signature of Authorized Representative	Date