

**Georgia Department of Human Services  
Division of Family and Children Services  
Notice of Review of Annuity**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Client ID \_\_\_\_\_

Dear \_\_\_\_\_

A review of your record shows that you have an annuity that has not been counted as a resource available to you. Beginning October 1, 2005, the Medicaid policy regarding treatment of annuities changed. An annuity is considered a transfer of resources for less than fair market value if the annuity is not paid in substantially equal monthly installments. If the annuity is not fully amortized, the original purchase price of the annuity is considered as a transfer of resources and subject to a transfer penalty. The penalty begins the date the annuity was established.

If the annuity was purchased more than 36 months prior to the date of your current Medicaid initial application, the penalty period for a transfer of resources has expired. Any income currently received from the annuity shall be considered as income in the month received. If the annuity was purchased within 36 months prior to the date of your current Medicaid initial application, your eligibility worker will determine the penalty period for a transfer of resources. (Regulations: Medicaid Manual, Section 2339).

We have determined that you have an annuity with an original value of \$ \_\_\_\_\_ that is not fully amortized.

If you think that the original value of your annuity is less than the amount shown above and is fully amortized, your case will be reviewed when verification is provided to your DFCS case worker. Verification must be received within 10 days from the date on this notice.

Your case worker is \_\_\_\_\_ and may be contacted by telephone at \_\_\_\_\_ or email at \_\_\_\_\_ .

You may also submit any requested verification by visiting <https://gateway.ga.gov> and uploading it to your Gateway account.