

- ☐ Annuity Investors Life Insurance Company<sup>®</sup>  
☐ Great American Life Insurance Company<sup>®</sup>

## IN HOME MEETING DISCLOSURE FOR APPLICANTS AGE 65 AND OLDER

\_\_\_\_\_  
Agent Name Printed ( print name as it appears on your California insurance license)

\_\_\_\_\_  
License Number (If applicable)

\_\_\_\_\_  
Mailing Address (print address as it appears on your California insurance license)

\_\_\_\_\_  
Telephone Number

I am a licensed insurance agent. My purpose for coming to your home is to sell, discuss, and/or deliver one of the following [indicate all that apply]:

☐ Life insurance, including annuities

☐ Other insurance products (specify): \_\_\_\_\_

You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys. You have the right to end the meeting at any time.

You have the right to contact the Department of Insurance for information, or to file a complaint.

### CALIFORNIA DEPARTMENT OF INSURANCE

In California: (800) 927-HELP (4357)

Outside California: (213) 897-8921

TDD-Telecommunication Devices for the Deaf: (800) 482-4833

The following individuals will be coming to your home:

1. \_\_\_\_\_  
Name Printed Title
2. \_\_\_\_\_  
Name Printed Title
3. \_\_\_\_\_  
Name Printed Title
4. \_\_\_\_\_  
Name Printed Title

- ☐ Annuity Investors Life Insurance Company®  
☐ Great American Life Insurance Company®

**ANNUITY QUESTIONNAIRE  
FOR  
APPLICANT'S AGE 65 AND OLDER**  
(Not required if owner is a trust.)

1. This annuity is being purchased to meet the following financial goals (please check all that apply):

- ☐ Create Immediate Income or Deferred Income for Self or Surviving Spouse  
☐ Tax Deferral  
☐ Capital Preservation  
☐ IRA Planning  
☐ Estate Planning  
☐ Other (please specify): \_\_\_\_\_

2. Is your purpose in purchasing this annuity to affect Medi-Cal eligibility? ☐ Yes ☐ No

- a. If yes, do you otherwise qualify for Medi-Cal at this time? ☐ Yes ☐ No  
b. If yes, are your assets less than or equal to the Community Spouse Resources allowance established annually by the State Department of Health Services pursuant to the Medi-Cal Act? ☐ Yes ☐ No

(If "Yes" the Notice Regarding Standards for Medi-Cal Eligibility must be fully completed.)

3. I understand that the purchase of this annuity does not qualify me or my spouse for Medi-Cal. ☐ Yes ☐ No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's SSN/EIN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature  
(if joint owners)

\_\_\_\_\_  
Applicant's SSN/EIN  
(if joint owners)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Witness' Signature, if any

\_\_\_\_\_  
Legal Representative's Signature, if any

Administrative Address for Variable Annuity Products: P.O. Box 5423, Cincinnati, Ohio 45201-5423  
Administrative Address for Fixed Annuity Products: P.O. Box 5420, Cincinnati, Ohio 45201-5420

## **NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY**

### **For Distribution by Insurers, Agents, and Brokers**

IF YOU OR YOUR SPOUSE ARE CONSIDERING PURCHASING A FINANCIAL PRODUCT BASED ON ITS TREATMENT UNDER THE MEDI-CAL PROGRAM, READ THIS IMPORTANT MESSAGE!

You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

#### **Recovery**

An annuity purchased on or after September 1, 2004, shall be subject to recovery by the state upon the annuitant's death under the regulations of the Medi-Cal Recovery Program. Income derived from the annuity must be used to meet the annuitant's share of costs and, if the annuitant is married, the income derived from the annuity may impact the minimum monthly maintenance needs of the annuitant's community spouse. An annuity purchased by a community spouse on or after September 1, 2004, may also be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

#### **Unmarried Resident**

An unmarried resident may be eligible for Medi-Cal benefits if he/she has less than \$2,000 in countable resources.

The Medi-Cal recipient is allowed to keep from his/her monthly income a personal allowance of \$35 plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share-of-cost.

#### **Married Resident**

*Community spouse resource allowance:* If one spouse lives in a nursing facility and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than \$123,600.

*Minimum monthly maintenance needs allowance:* If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his/her individual monthly income, or \$3,090 in monthly income, whichever is greater.

#### **Fair Hearings and Court Orders**

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than \$123,600 in countable resources. The order also may allow the at-home spouse to retain more than \$3,090 in monthly income.

#### **Real and Personal Property Exemptions**

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

#### **Real Property Exemptions**

- *One principal residence.* One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday.

The home also continues to be exempt if the applicant's spouse or dependent relative continues to live in it.

Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.

- *Real property used in a business or trade.* Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

## Personal Property and Other Exempt Assets

- *IRAs, KEOGHs, and other work-related pension plans.* These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal, and payments of principal and interest are being received, the balance is considered unavailable and is not counted. It is not necessary to annuitize, convert to an annuity, or otherwise change the form of the assets in order for them to be unavailable.
- *Personal property used in a trade or business.*
- *One motor vehicle.*
- *Irrevocable burial trusts or irrevocable prepaid burial contracts.*
- *There may be other assets that may be exempt.*

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney that is not connected with the sale of this product.

**Please note:** If you seek Medi-Cal payment for nursing facility services, you may be ineligible for those services if payments from your annuity extend beyond your life expectancy based upon life expectancy tables adopted by the Department of Health Services for this purpose. To find out about these tables, you may contact your local county welfare department.

Finally, the Department of Health Services is currently refining its policy regarding the treatment of annuities when determining eligibility for nursing facility services. Any regulatory changes will only impact annuities that are purchased after the effective date of any regulatory amendments.

Different rules apply to annuities that are qualified retirement arrangements established pursuant to Title 26, Internal Revenue Code, Subtitle A, Chapter 1, Subchapter D, Part 1. In some circumstances, Medi-Cal does not count funds held in an IRA, Keogh, or other work-related retirement arrangement. To find out if Medi-Cal would count your IRA, Keogh, or work-related retirement arrangements, you may contact your local welfare department.

I have read the above notice and have received a copy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Spouse's Printed Name

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Legal Representative's Signature

\_\_\_\_\_  
Agent's Printed Name

\_\_\_\_\_  
Legal Representative's Printed Name

Date: \_\_\_\_\_