

**Attachment
Beneficiary Designation**

Re: _____ Life Insurance Company
Contract # _____
Owner: _____

Primary Beneficiary: The State of Indiana for the amount of any medical assistance provided to _____ and _____.

c/o Office of Medicaid Policy and Planning 100%
402 W. Washington St. Room W382 Stop 07
Indianapolis, Indiana 46204-2776
Federal ID: 35-6000-158

Contingent Beneficiary: The Estate of the Annuitant

Dated at _____, Indiana, this _____ day of _____,
20____.

X _____
Owner

Phone Number