

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
402 West Washington Street, 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