

**EXHIBIT "A"**  
**MEDICAID & ASSET PROTECTION PLANNING**

**PLEASE BRING THE FOLLOWING DOCUMENTS TO YOUR APPOINTMENT AND WE WILL COPY THEM:**

**BACKGROUND AND HEALTH INFORMATION:**

1. Social Security card for applicant (and spouse, if applicable).
2. Drivers license or some other photo identification for applicant (and spouse, if applicable).
3. Birth certificate or other proof of citizenship (if none, then voter's registration card) for applicant (and spouse, if applicable).
4. Medicare card and written proof of monthly payment for applicant (and spouse, if applicable).
5. Supplemental Health Insurance Policy and card for applicant. Need to know address and written proof of monthly premium also.
6. Long Term Care insurance policy for applicant, if you have one. Need to know address and written proof of monthly premium also.

**GOVERNMENT BENEFITS: NOTE - IF YOU HAVE MINOR CHILDREN OR, A SPOUSE YOU MUST PROVIDE THE FOLLOWING DOCUMENTATION FOR THEM ALSO.**

7. Letter from Social Security stating gross monthly social security benefits (retirement; SSI; SSDI) and the date the benefits began for applicant (and spouse, if applicable). You can obtain this information by calling social security at (800) 772-1213 and requesting same be mailed to you at home or, you can go to a local office and it will be printed while you are there. You can go on the internet at [www.ssa.gov](http://www.ssa.gov) and creat an account in order to be able to print out Social Security notices.
8. Letter from the Department of Children & Families (DCF) stating the type of public assistance you are currently receiving (Medicaid; Food Stamps). Medicaid card if you are currently a recipient of Medicaid benefits. You can go on the internet at [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida) and create an account in order to be able to print out Medicaid notices.
9. Written proof that you have been determined to be disabled by the Social Security Administration.
10. Letter from Worker's Compensation stating the ate you are approved for benefits and the monthly amount.
11. Letter or Notices from the Veteran's Administration identifying the type of benefits you receive.
12. Letter or Notices from the Veteran's Administration identifying your disability rating.

**LEGAL INFORMATION:**

13. Letters of Guardianship. Name, address, telephone number of the guardian's attorney.
14. Copy of current Will, Trust and/or Power of Attorney, Living Will, Designation of Health Care Surrogate.
15. Copy of special needs trust; any amendments to the trust; current bank statement for the trust.

**ASSET & INCOME DOCUMENTATION:**

16. Deed and tax bill for home and any other property owned.
17. Copies of the most recent bank statements for all bank accounts, IRA's and Certificate of Deposit for applicant (and spouse, if applicable).
18. All Life Insurance policies for applicant (and spouse if applicable).
19. Car title, vehicle registration and insurance policy for applicant (and spouse if applicable).
20. Copies of the most recent stock statements from brokerage house or copy of stock certificates for applicant (and spouse if applicable).
21. Copy of irrevocable burial contract with funeral home if you have one, or other burial contract if you have one for applicant (and spouse if applicable).
22. If there is a pension, please call the Company to send written documentation as to the gross amount of the pension for the applicant (and spouse if applicable).
23. Any other documentation evidencing any asset owned by applicant (or spouse, if applicable).
24. German Reparation payment documentation.

**SHELTER COSTS FOR A MARRIED COUPLE (ONLY):**

25. Rental Agreement, if applicable.
26. Property tax bill.
27. Original Condominium fee agreement contract, if applicable.
28. Original mortgage papers. (Bring mortgage note, amortization schedule, payment booklet)
29. Homeowners insurance bill. (Bring insurance policy)
30. NH/ALF contract.
31. Flood insurance bill.
32. Windstorm insurance bill.
33. Electrical bills for the last three months.
34. Water and/or Sewer bills for the last three months.
35. Garbage collection bills for the last three months.
36. Telephone bills for the last three months.

(Revised 3/21/06)F:\CLIENTS\Office-Forms\QUESTIONNAIRES and EXHIBIT LISTS\ExhibitA-MedicaidEP.wpd