



# KRAUSE

## FINANCIAL SERVICES

### MEDICAID COMPLIANT ANNUITY QUOTE FORM

<b>Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Telephone:</b>	
<b>Facsimile:</b>	
<b>E-Mail:</b>	

Type of Case:     Individual                       Community Spouse                       Gifting/Annuity Plan

Client Name: \_\_\_\_\_ Sex: Male / Female

Date of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Term of Annuity: \_\_\_\_\_ year(s), or \_\_\_\_\_ month(s), or \_\_\_\_\_ Medicaid Life Expectancy

Premium Amount: \$ \_\_\_\_\_ Qualified Money (IRA, 401K, etc.)?     Yes     No

Month of Medicaid Eligibility (if applicable): \_\_\_\_\_

Total Countable Resources (if applicable): \$ \_\_\_\_\_

Monthly Income Amount (if applicable): \$ \_\_\_\_\_

Monthly Nursing Home Cost (if applicable): \$ \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Once completed, please return this form to:**

**Krause Financial Services, Inc.**

*Dale M. Krause, J.D., LL.M.*

1234 Enterprise Drive | De Pere, WI 54115

Phone: (866) 605-7437 | Facsimile: (866) 605-7438

**Or make a quote request online at [www.medicaidannuity.com](http://www.medicaidannuity.com)**