

Questionnaire for an MIT – Steve as Trustee

Please submit this form filled questionnaire and any attachments to Joe Smith via email at joe@aapglaw.com and to Teresa Kinder via email at teresa@aapglaw.com.

After submitting this questionnaire, please ask the resident, or if applicable their agent or guardian, to contact Joe Smith via phone at (501) 573-9150 with an email address or mailing address to send the MIT for signature and notarization of the MIT by a third-party notary. Thank you.

- 1) What is the resident's full name as his or her name reads on guardianship or power of attorney documentation if applicable, or if not applicable, as resident's full name reads on his or her State ID?

_____ Marital Status: M – W – S
(Married – Widow(er) – Single)

- 2) What facility is the resident residing in?

- 3) What is the requested Medicaid eligibility date for funding the MIT? _____

- 4) If applicable, please provide a scan of the power of attorney or guardianship documentation.

- 5) If applicable, what is the name of the agent who will be signing for the resident by power of attorney or the name of the guardian who will be signing for the resident? Additionally, please provide his or her address, phone number, and email address.

Name:

Address:

Phone Number:

Email Address:

- 6) What is the name of the contingent beneficiary after the State of Arkansas for the resident's MIT?

	Resident's Monthly Income	Spouse's Monthly Income
Social Security Benefits	\$	\$
Retirement Benefits (Gross)	\$	\$
VA Disability Benefit	\$	\$
Annuity Income	\$	\$
Rental Income	\$	\$
Long Term Care Insurance Income	\$	\$
Total Monthly Income	\$	\$

\$	Daily Semi-Private Nursing Home Rate
\$	Medicare Part B Insurance Premiums
\$	Medicare Supplemental Insurance Premiums
\$	Prescription Drug Insurance Premiums
\$	Total Monthly Costs

\$	Home Mortgage or Rent Amount
\$	Homeowner's Insurance Premium
\$	Real Estate & Personal Property Tax Amount
\$	Utilities Amount
\$	

Items Needed for an MIT – Steve as Trustee

Please submit the items from this list to Joe Smith via email at joe@aapglaw.com and Teresa Kinder via email to teresa@aapglaw.com, or if applicable mail to AAPG, Attn: Joe Smith, 51 Financial Drive, Cabot, AR 72023.

- 1) Copy of driver's license or verification of DOB and last known address.
- 2) Copy of Social Security card or verification to show SSN.
- 3) Verifications of all income and insurance premiums, also complete next page.
- 4) If married, verifications of spousal income, homeowner's insurance premiums, real & personal property tax statements and mortgage or rent verification.
- 5) Last 3 months bank statements from any/all accounts that pertain to the income and insurance source(s).
- 6) 3 signed, blank checks for income amount, for deposit to the MIT.
- 7) If the resident is capable of doing so, the resident will need to call their income sources (especially for social security) and request their income be direct deposited in the new MIT account.

Once we have calculated the amount, we will provide the estimated liability. Thank you.

Exhibit B

PRIMARY	SECONDARY
<p style="text-align: center;">SHOULD INCLUDE PICTURE, DESCRIPTION AND SIGNATURE</p>	<p style="text-align: center;">HAS SOME BUT NOT ALL OF THE COMPONENTS OF PRIMARY ID</p>
<ul style="list-style-type: none"> ➤ Driver's License/ non driver's identification card ➤ Passport ➤ US Government ➤ US Military ➤ Alien registration card ➤ Matricula Consular <p>Primary identification—include picture, description of person, and signature.</p>	<ul style="list-style-type: none"> ➤ Social Security card ➤ Voter's registration ➤ Birth Certificate ➤ Credit cards ➤ Bank cards ➤ State government ➤ Local government ➤ Company identification ➤ Police identification ➤ Firearm license ➤ Insurance card ➤ Utility bill ➤ Visa ➤ Student I.D. card <p>Secondary identification—has components of primary but not considered as primary. Acceptable as a second piece of identification. Never acceptable to open an account alone.</p>