Workers' Compensation Medicare Set-Aside Arrangements (WCMSA)
Account Expenditures for Structured Annuity Account

This form should be completed annually and mailed to NGHP PO BOX 138832 OKLAHOMA CITY, OK 73113, starting one year from the date of the settlement:

Note: Please make several copies of this form because you must send this form to the Medicare contractor each year until all of your WCMSA has been spent

Name: _____
SSN: _____

Date: _____

Total WCMSA amount noted in CMS' written opinion: $_____

Individuals that have a CMS approved WCMSA as part of a workers' compensation settlement agreement may only use the funds in the WCMSA account to pay for Medicare covered medical services and Medicare covered prescription drug expenses that are related to their workers' compensation injury, illness, or disease.

(Please check)

_____ (1) I, the undersigned, attest that I have a Structured Annuity WCMSA and have used the annual monies from the WCMSA account for the period of _____ to _____ to pay for the following:

Medical services: $_____
Prescription drug expenses: $_____

_____ (2) I, the undersigned attest that I have a Structured Annuity WCMSA and have **EXHAUSTED** the annual money (and any applicable carry-over from previous years) in the WCMSA account for the period of _____ to _____ to pay for the following:

Medical Services: $_____
Prescription drug expenses: $_____

_____ (3) I, the undersigned attest that I have a Structured Annuity WCMSA and have **COMPLETELY EXHAUSTED** all monies in the WCMSA account to pay for the following:

Medical Services: $_____
Prescription drug expenses: $_____

I acknowledge and understand that failure to follow any of the Medicare requirements for the use of this money will be regarded as a failure to reasonably recognize Medicare's interests and that Medicare will deny coverage for all medical treatments and prescription drug expenses due to work-related injuries up to the total CMS Approved WCMSA amount.

_____ _____
Signature **Date**

_____ _____
Witness **Date**

CMS reserves the right to audit how you spend the funds in your WCMSA account. Therefore CMS recommends that you retain your WCMSA records for a period of seven (7) years. However, please do not send your receipts or bank statements to CMS or the Medicare Contractor identified above.