

**Workers' Compensation Medicare Set-aside Arrangement (WCMSA)  
Account Expenditure for Structured Annuity**

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

Medicare Number: \_\_\_\_\_

Date: \_\_\_\_\_

Total WCMSA amount noted in the Centers for Medicare & Medicaid Services' (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 my work-related injuries up to the total workers' compensation settlement amount.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**CMS reserves the right to audit how you spent 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.**