TN

State of Tennessee
TennCare
P.O. Box 305240
Nashville, TN 37230-5240

Life Insurance Verification Request

Insurance Company Name:	**Applicant Name:**
Insurance Company Address:	**Date of Birth:**
City, State, and Zip Code:	**Last 4 of Social Security Number:**

Insurance Company Representative,

We are looking at this person for TennCare coverage. TennCare needs proof of all life insurance policies to see if they can get coverage. We need proof of the cash value's accessibility/non-accessibility. This means proof that you can/can't get cash out. And we need proof of its annuitization. This means proof it will or won't send you income payments. The applicant or their representative has given TennCare permission to ask you for proof of his or her life insurance policy(ies).

There are two ways to get this to us:

1. Fax it to: **855-315-0669**
   Be sure to keep the page that says your fax went through.

2. Mail it to: **TennCare Connect**
   P.O. Box 305240
   Nashville, TN 37230-5240.

If you need help or have questions, call us at **855-259-0701.**

Form 303f.Online.2

Section to be completed by the Applicant/Member

It's ok for this insurance company:_____to give TennCare my life insurance policy(ies) information. TennCare will use it to decide if I qualify for coverage.

Name of Applicant/Member (Last, First, Middle Initial):	Phone Number:
ID Number (SSN):	Date of Birth (MM/DD/YYYY):
Address:	City, State, and Zip Code
Signature of Applicant/Member/Representative:	Date:

Section completed by Insurance Company

Do any of these life insurance policies have cash value?	☐ Yes	☐ No
Can the person on this form access the cash value?	☐ Yes	☐ No
Can anyone else access the cash value?	☐ Yes	☐ No
Have any of the life insurance policies been irrevocably assigned to a burial contract or funeral home? (This means they can't be changed.)	☐ Yes	☐ No

Answer the questions below for each policy. Is there more than one policy? Copy and attach this sheet for each one. Has any policy been annuitized (set up to make payments)? Please attach proof.

Policy Type: ☐Whole ☐ Term ☐ Universal ☐ Group
Owner: _____ Policy Number:_____
Original Face Value: _____ Insured: _____
Current Face Value: _____ Assigned to: _____
Date Issued: _____ Irrevocable? ☐ Yes ☐ No
Original Cash Value: _____ Beneficiary:_____
Current Cash Value: _____ Current Dividends: _____
Has the policy been annuitized? ☐ Yes ☐ No   Loan Amount:_____

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Owner: _____ Policy Number:_____
Original Face Value: _____ Insured: _____
Current Face Value: _____ Assigned to: _____
Date Issued: _____ Irrevocable? ☐ Yes ☐ No
Original Cash Value: _____ Beneficiary:_____
Current Cash Value: _____ Current Dividends: _____
Has the policy been annuitized? ☐ Yes ☐ No   Loan Amount:_____

Insurance Company Representative Signature: Date:

_____   _____