

REQUEST FOR LIFE INSURANCE POLICY INFORMATION BHSF FORM INS-LR

Purpose:

This form is used to request information from an insurance company regarding life insurance policy(ies) when such information may be needed to determine eligibility.

Preparation:

BHSF Form INS-LR is completed in single copy as follows:

- Enter the name and address of the insurance company and the applicant's or recipient's name as it appears on the insurance policy. Enter his or her address, case identification number, and Social Security number in the spaces provided.
- Sign the form and enter the name of the mailing address of the parish office.
- Enter the name of the insurance company in the space provided and obtain the signature(s) and signature date(s) of the applicant/recipient and his or her spouse, if any. Obtain the signatures of two witnesses if required by the policy.
- Complete all information available from the client's policy or other available records. At a minimum, enter the policy number and date of issue for each policy for which information is being requested.

Disposition:

Forward the completed original **Form INS-LR** to the respective insurance company daily with a stamped, self-addressed return envelope addressed to the appropriate Medicaid office after submission of the *Electronic Medicaid Application*.