

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 as an original, or use the fillable form available on the “BHSF Forms” link on the online Application homepage. Complete each field as follows:

- Enter the name and address of the insurance company and the applicant’s name as it appears on the insurance policy. Enter his or her address, and Social Security Number in the spaces provided.
- **Do Not** sign the form as the **Agency Representative** and **Do Not** enter the name or the mailing address of the Medicaid Office.
- Enter the name of the insurance company in the space provided and obtain the signature(s) and signature date(s) of the applicant and his or her spouse, if any. Obtain the signatures of two witnesses if required by policy.

Disposition:

Forward the completed original **Form INS-LR** to the appropriate Medicaid Office **daily**.