Instructions: 1) Complete form, 2) Date and sign, 3) Attach death certificate (include documents listed if requesting a deferral/exception), 4) Mail or fax to TennCare.

Date received:

STATE OF TENNESSEE
BUREAU OF TENNCARE—ESTATE RECOVERY
310 Great Circle Road, 3rd Floor ● Nashville, Tennessee 37243
Phone 866-389-8444 ● Fax 615-413-1941

TENNCARE REQUEST FOR RELEASE OF ESTATE RECOVERY CLAIM

INFORMATION ABOUT THE DECEASED PERSON					
Full name					
Date of birth		**Date of death**		**Social Security number**	
Marital status	☐ widow/widower	☐ divorced	☐ married	☐ single	
Did the deceased receive TennCare CHOICES (home and community-based or nursing facility care)?	☐ YES	☐ NO	☐ Do not know		
Last known address of deceased prior to nursing facility or assisted living					

INFORMATION ABOUT THE SPOUSE OF THE DECEASED PERSON (complete even if spouse is already deceased)					
Full name					
Date of birth		**Date of death**		**Social Security number**	

INFORMATION ABOUT PROBATE COURT CASE				
Probate Court case filed?	☐ Full probate	☐ Small estate	☐ Muniment of title	☐ NO
County		**Case number**		
If not, do you anticipate filing?	☐ Full probate	☐ Small estate	☐ Muniment of title	☐ NO

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM			
Full name		**Relationship to deceased**	
Address		**Phone number**	
		Email	

The person completing the Request for Release is executing it as the estate representative. TennCare will rely upon this representation when communicating the value of TennCare's claims and/or executing a release or deferral of TennCare's claim. TennCare shall be held harmless of any action brought by heirs or other interested parties due to the payment of TennCare's claim by the person presenting themselves as the estate representative.

Signature _____ **Date** _____

Deferral/exception request on page 2 (OVER)→

DEFERRAL/EXCEPTION REQUEST	
Are you requesting a release or deferral/exception for any of the following reasons? (Check ALL that apply)	☐ **Decedent never received benefits** ☐ **Surviving spouse** ☐ **Child or children under age 18 survives decedent** (you must provide a copy of each child's birth certificate) ☐ **Adult disabled child or children of the decedent survives** (you must provide a copy of the Social Security Administration determination of permanent total disability AND a copy of each child's birth certificate)
LONG-TERM CARE INSURANCE	
For TennCare enrollees: Did the decedent have long-term care insurance?	☐ **Yes** (please find documentation of this) ☐ **No** ☐ **Not sure** (please look for documentation of this as it could offset any TennCare recovery)

Need free language help? Call 866-389-8444 ♦ Necesita ayuda con el idioma gratuita? Llame 866-389-8444 ♦ هل تريد مساعدة في اللغة تصل مجاناً؟ 866-389-8444 ♦ 需要免费的翻译服务吗? 请致电866-389-8444 ♦ 무료로 통역 도움이 필요하십니까? 전화866-389-8444 ♦ Cần giúp đỡ miễn phí ngôn ngữ? Gọi 866-389-8444 ♦ بكه نديئ يوه په ري؟ رامبه به بئ هاريكاريا يڤوپئت ندامي ئه كئم يئ تو 866-389-8444 ♦ Ma u baahan tahay gargaar luqadda oo bilaash ah so wac 866-389-8444

Have a disability and need free help or an auxiliary aid or service (Braille, large print)? Call 866-389-8444 ♦ Tiene una discapacidad y necesita ayuda gratuita? Llame 866-389-8444 ♦ هل لديك اعاقة وتحتاج مساعدة؟ تصل مجانية 866-389-8444 ♦ 您是否因残障而需要免费的帮助呢? 请致电866-389-8444 ♦ 장애가 있으신 분으로서 무료 도움이 필요하십니까? 전화866-389-8444 ♦ Có khuyết tật và cần sự giúp đỡ miễn phí Gọi 866-389-8444 ♦ نديئ يوه په ري؟ رامبه به بئ هاريكاريا يڤوپئت ندامي ئه كئم يئ تو بكه ♦♦ Ma leedahay naafo oo u baahan tahay gargaar bilaash ah so wac 866-389-8444

Free TRS call 711 866-389-8444 ♦ Gratis TRS llame 711 866-389-8444

TennCare does not treat anyone differently based on race, color, national origin, disability, age, sex, religion, or other protected statuses. If you think you may have been treated differently for these reasons you can file a written complaint. For more information see TennCare's Civil Rights Compliance Website at http://www.tn.gov/tenncare/topic/non-discrimination-compliance. If you need help, call 866-389-8444.

RESET FORM PRINT FORM