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

Date received:

STATE OF TENNESSEE

BUREAU OF TENNCARE—ESTATE RECOVERY

310 Great Circle Road, 4th Floor ● Nashville, Tennessee 37243

Phone 866-389-8444 ● Fax 615-413-1941 ● Email: HMSEstateRequests@tn.gov

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**	

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	
Has a Probate Court case been opened for the deceased? ☐ **YES** ☐ **NO**	
If yes, what date was the case filed?	**In what County was the case filed?**
In what State was the case filed?	**What is the court case number?**

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** ☐ **Surviving son or daughter under age 21** (you must provide a copy of each child's birth certificate) ☐ **Surviving son or daughter who is blind or permanently and totally disabled (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)

- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free at 866-389-8444. We can connect you with the free help or service you need. (For TRS call: 711)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or by phone. Here are two places where you can file a complaint:

TennCare Office of Civil Rights Compliance 310 Great Circle Road, Floor 3W Nashville, Tennessee 37243 **Email:** HCFA.Fairtreatment@tn.gov **Phone:** 1-855-857-1673 (TRS 711) **You can get a complaint form online at:** http://www.tn.gov/assets/entities/tenncare/attachments/complaintform.pdf	**U.S. Department of Health & Human Services, Office for Civil Rights** 200 Independence Ave SW, Rm 509F, HHH Bldg., Washington, DC 20201 **Phone:** 1-800-368-1019 **(TDD):** 1-800-537-7697 **You can get a complaint form online at:** http://www.hhs.gov/ocr/office/file/index.html **Or you can file a complaint online at:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Do you need free help with this letter?
If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: **Español**
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-389-8444 (TRS:711).

Kurdish: **كوردى**
ئاگاداری: ئەگەر بە زمانی کوردی قسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. پەیوەندی بە 866-389-8444 (TRS:711)..بکە

Arabic: **ربيةلعا**
وظةملح: اذا متتكل ةللغا ربيةلعا اتمدخ دةعالمسا ويةللغا رةفومتكل انجام. اتصل مقبر: 866-389-8444 (TRS: 711)مقر فتاه صملا و ملبكا

Chinese: **繁體中文**
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 866-389-8444 (TRS: 711).

Vietnamese: **Tiếng Việt**
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 866-389-8444 (TRS:711).

Korean: **한국어**
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 866-389-8444 (TRS:711).번으로 전화해 주십시오.

French: **Français**
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 866-389-8444 (TRS:711).

Amharic: **አማርኛ**
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 866-389-8444 (መስማት ለተሳናቸው:TRS:711).

Gujarati: **ગુજરાતી**
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 866-389-8444 (TRS:711) .

Laotian: **ພາສາລາວ**
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 866-389-8444 (TRS:711).

German: **Deutsch**
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 866-389-8444 (TRS:711).

Tagalog: **Tagalog**
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 866-389-8444 (TRS:711).

Hindi: **हिंदी**
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 866-389-8444 (TRS:711) . पर कॉल करें।

Serbo-Croatian:	**Srpsko-hrvatski**
OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 866-389-8444 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711).	
Russian:	**Русский**
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 866-389-8444 (телетайп: TRS:711).	
Nepali:	**नेपाली**
ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 866-389-8444 (टिटिवाइ: TRS:711 ।	
Persian:	**فارسی**
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 866-389-8444 (TRS:711) تماس بگیرید.	