



## Instructions to Help You Complete the Renewal Packet

This Instruction Packet is meant to provide assistance with completing renewal packets or redetermination. Each renewal packet is **bar-coded** to the household chosen to receive the packet. If you need a copy of the renewal packet, call TennCare Connect at **855-259-0701** to request a reprint.

These instructions are written as if the head of household is filling out the renewal packet. If you are filling the renewal packet out for the head of household, you should fill it out from that person's point of view.

Remember to print your **name, date of birth, and your case number** on any proof you send in with the renewal packet.

You can get help making copies of any document we request at any Department of Human Services (DHS) office.

## Your Household

This section lists the individuals we have on file as living in your household as well as your home address and mailing address. Please review and confirm the information of each person listed. This is everyone we know of in your household. If necessary, write in updates in the space provided.

Your household may include the following people:

- You, the head of household (the person who received the Renewal Packet in the mail)
- Your spouse, if you have one
- Your children under age 21 if they live with you
- Anyone listed on your tax return, or anyone listed on a tax return on which you are included, even if they don't live with you.
- Anyone else under age 21 who you take care of and who lives with you
- Your parents if they live with you and you are under age 21

You **DON'T** have to include the following people:

- Your unmarried partner's children
- Your parents who live with you, but file their own tax return (if you're over age 21)
- Other adult relatives who live with you but file their own tax return

If you have people living in your household who we do not identify, please provide their full name, date of birth, and relationship to you in the table provided.

If we have your Social Security Number (SSN), the SSN field will read “On File.” If we are missing your SSN, that field will be blank. If the SSN field is blank next to anyone’s name, please write in their SSN.

You don’t need to provide immigration status or a Social Security Number (SSN) for family members who don’t want health coverage. We’ll keep all the information you provide private and secure as required by law. We’ll use personal information only to see if you still qualify.

Tell us about the relationships between the people in your household. Please put the relationship in the space provided between the people listed on the packet. Relationships could be mother, father, brother, sister, grandmother, grandfather, aunt, and uncle.

Please tell us about your ethnicity. You don’t have to tell us your ethnicity if you do not want to. It will not affect your eligibility determination.

Please tell us about your race. You don’t have to tell us your race if you do not want to. It will not affect your eligibility determination.

If there are people in your household that are not listed on this packet, tell us about them. We need to know their name, date of birth, and how they are related to the rest of the people in your household. Remember, if you need more space than what’s provided, please attach a separate sheet of paper. If you would like to apply for coverage for anyone in your household, use Appendix A to tell us more about them.

Tell us if you are a US Citizen. If you are not a US Citizen, tell us your immigration status.

We need to know if you or if anyone in your household’s immigration status has changed. If it hasn’t change, check no. If anyone in your household now has a different immigration status, tell us their new status, and the immigration document number. You may need to send us proof of the new immigration status. You do not need to tell us the immigration status for family members who don’t need health coverage.

Please confirm your home address and mailing address that we have listed. If you have moved or your mailing address has changed, tell us your new home address and/or mailing address in the space provided.

Tell us if you or anyone in your household is NOT a Tennessee resident.

It asks for the name of any person listed in the renewal packet that’s currently incarcerated (in jail or prison). If a person is in jail or prison, it does not mean he/she is not eligible for TennCare because of being in jail or prison. The person may be able to keep TennCare when they meet other eligibility rules.

Why do we ask for this information? It could change whether the person in jail or prison is included in the household for other members who are listed in the renewal packet. If no one listed on the renewal packet is in jail or prison, this should be left blank.

Tell us if you would like to get notices in English or Spanish. If you choose to get notices in either English or Spanish, your notices from now on will only be in the language you choose.

## Taxes

You can tell us if you give us permission to renew your coverage automatically. To do this, we can check the information you give to federal agencies, like tax returns. You can give us your ok from 1 year or up to 5 years (but no more than 5 years).

It's ok if you don't want to give us ok to check these sources automatically. We'll reach out to you when it's time for you to renew.

Does anyone in the household plan to file a federal income tax return the next time taxes are due? If yes, name the person(s) filing the tax return and write the name of the spouse if the person will file jointly. If the person filing will claim dependents on the tax return, write the name and date of birth for each dependent. Remember, if you need extra space attach another sheet of paper.

Will anyone in the household be claimed as a tax dependent by someone else the next time taxes are due? If yes, provide the information requested, including the name of the tax dependent, the tax filer's name and relationship to this person, and whether the tax filer and the tax dependent live together.

Does anyone in the household pay any expense that can be deducted on your federal income tax return? If yes, list the expense and provide the supporting details requested. There are certain expenses you can use to lower your gross income (called deductions). These expenses are expenses or deductions allowed by the IRS. You don't have to be a tax filer to get these deductions.

You should tell us about these deductions. Deductions already taken out of self-employment income should not be reported again here. If you have deductions, you should tell us about them here:

- **Alimony paid:** You should tell us how much you pay and how often.
- **Student loan interest:** You should tell us how much you pay and how often.
- **Other deductions:** You should tell us how much you pay and how often. Examples of other deductions include:
  - expenses such as educator expenses for teachers who pay for supplies out-of-pocket,
  - moving expenses for moving to live much closer to a job,
  - contributions to an individual retirement account if the person doesn't have a retirement account through a job, or
  - tuition costs for school if costs are paid out-of-pocket and deducted on the tax return.

Proof of deductions may include tax form forms, court orders, cancelled checks, etc., and this proof should be sent in with the renewal packet.

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What does “the next time taxes are due” mean? This means the next April 15<sup>th</sup> tax season, regardless of whether you plan to file your taxes on time. For example, if you fill out this renewal packet on July 1<sup>st</sup> include everyone who will be listed on your taxes that are due for the next year’s April 15<sup>th</sup> tax season. What if you fill out this renewal packet on February 3<sup>rd</sup>? Include everyone who will be listed on your taxes for the upcoming April 15<sup>th</sup> tax season.

## Current Job & Income Information

This section covers employment and income, earned income and other income, information for all the members of your household. All current employment information we have on file for your household is listed at the beginning of this section. This includes Employee Name, Employer Name, and Employment Income Amount. Please review and confirm the information of each person listed. This is everyone we know of in your household who is currently employed. If necessary, write in an update in the space provided. If we don’t have income information listed for anyone in your household, we need you to tell us about income anyone in your household receives.

If all employment information and the amount of monthly income we list is correct, you do not have to list it again in the next question. But we still need you to complete other sections in this form.

Does anyone get paid for working a job we did not listed? If yes, write their names in the table provided and attach copies of their pay stubs for the last 8 weeks. If the person is self-employed, attach their income and expense statement for the last 30 days. Include the following information about your income:

- **Name:** Who gets this income.
- **Employer name:** Enter the information for the current location where the household member named is working.
- **How much (Wages/tips (before taxes)):** This is the amount showing on household member’s pay stubs before taxes are taken out with any tips added to the total. Tips and other cash income from jobs include all tip income, even if it’s not reported to the employer.
- **How often:** The household member should choose how often he/she receives the amount listed in the wages/tips field: “hourly,” “weekly,” “every 2 weeks,” “twice a month,” “monthly,” or “yearly.” If he/she is paid through a one-time contract, she can select “yearly.”
- **Average hours each week:** Enter the number of hours usually worked in a week. Include all jobs, even if they’re part-time or paid in cash. Pay stubs, tax forms (1040 or W-2), or any other proof of work and income should be returned with the packet.

You don’t need to include amounts that an employer takes out of a paycheck for child care, health insurance, or retirement plans that are “not taxable.” Sometimes these are called “pre-tax deductions.”

The pay stub should list these deductions individually. Don't include these amounts in the pay listed. The pay stub may list "federal taxable wages," which subtracts the pre-tax amounts from gross wages. If this amount is listed on the pay stub, use it to report pay.

**What can be used as proof?** Pay stubs, tax forms (1040 or W-2 from the last tax year), or any other proof of work and income should be returned with the renewal packet. If you send in pay stubs, send the last 8 weeks from the time you return the renewal packet to the state. If you don't have 8 weeks of proof, send what you do have. Bank statements showing deposit amounts or letters from an employer can also be used as proof of income if other types of proof are not available.

What if we did not list any employment information for your household? That means we do not have anyone in your household recorded as getting paid for working a job. If anyone in the household gets paid for working a job, complete the table provided and attach copies of their pay stubs for the last 8 weeks. If the person is self-employed, attach their income and expense statement for the last 30 days.

If we have other income information for your household, we will populate a table with the name of that household member, the type of income, and the monthly income amount. Please review and confirm the information of each person listed. If any income we list has ended, tell us which source of income and the date of the last pay.

Did anyone in your household receive any other income in the last 30 days that we have not covered so far? If yes, write the household member's name, the income source, how much, and how often in the table provided. Examples of other income sources include:

- **Unemployment:** Unemployment compensation includes any amount received under an unemployment compensation law of the United States or a state. You must include unemployment benefits (including from an employer or union) as income.
- **Pensions:** A pension is a payment or series of payments made to a person after he/she retires from work. Generally, the amount of the income from a pension account distribution depends on the type of pension account, how much was contributed to the pension account, and whether the amounts contributed were already taxed. You do not have to include a qualified distribution from a designated Roth account as income.
- **Social Security:** These are the amount a person gets from Social Security disability, retirement (including railroad retirement (RRB)), or survivor's benefits each month. Enter the full amount before any deductions, like Medicare premiums, income tax withholding, overpayments, child support, or alimony. Don't enter Supplemental Security Income (SSI) benefits.
- **Retirement Accounts:** A retirement benefit is a payment or series of payments made to a person after he or she retires from work. Generally, the amount of the income from a retirement account distribution depends on the type of retirement account, how much was contributed to the retirement account, and whether the amounts contributed were already taxed. You do not have to include a qualified distribution from a designated Roth account as income.
- **Alimony received:** Alimony received is money a person gets from a spouse he/she no longer lives with, or a former spouse, if paid as part of a divorce agreement, separation agreement, or court order. Payments designated in the agreement or ordered as child support or as a non-taxable property settlement are not considered alimony.

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- **Net Farming/fishing:** If this was already provided in the renewal packet as self-employment income, it should not be listed again.
  - If you have income from farming or fishing, you can enter it as “farming or fishing” income or “self-employment” income, but you should only enter it once.
  - **By definition** a person is in the business of farming if he cultivates, operates, or manages a farm for profit, either as owner or tenant. A farm can include livestock, dairy, poultry, fish, or fruit. It can also include plantations, ranches, ranges, and orchards. Fishing income includes amounts received from catching, taking, harvesting, cultivating, or farming fish, shellfish, crustacean, sponges, seaweeds, or other aquatic forms of animal or vegetable life, as well as money from patronage dividends and fuel tax credits and refunds.
- **Net rental/royalty:** If this was already provided in the renewal packet as self-employment income, it should not be listed again.
  - Rental income is the amount someone pays to use a person’s property after property expenses are subtracted. Royalty income includes any payments received from a patent, copyright, or some other natural resource owned.
- **Other income:** Any income received not already provided on the renewal packet can be included here. You do not need to provide income from child support, Veteran’s payments or Supplemental Security Income (SSI). Examples of other income may include:
  - **A one-time payment** received this month, such as a bonus or severance. Provide the amount and how often the other income is received. If it’s a one-time payment be sure to say one-time payment.  
**Jury duty pay:** If you or anyone in your household is being paid for jury duty service, enter how much he/she is getting, including reimbursement for transportation. If the money from jury duty goes straight to your employer, don’t enter it here.
  - **Court awards:** If you or anyone in your household were involved in and got money from a lawsuit, the money may be taxable. Examples of money from lawsuits that not taxable are amounts awarded for personal physical injury or sickness and an amount received as compensation for damages to the person’s property if the payment is less than the amount paid for the property. Payments to compensate a person for lost wages or punitive damages awards are examples of taxable court awards.
  - If other income is selected by a member of the clergy or a religious order he should exclude the same income excluded on the federal income tax return.
  - **Cash support:** This is an option if someone who isn’t your parent or spouse claims you as a dependent for taxes. Provide the amount of the cash support. For example, if the tax filer gives the person \$200 per month to help pay for rent or other living costs, include that amount here. Don’t include in-kind support that the tax filer provides, such as the value of room and board, or clothes purchased by the tax filer. Only enter cash support if you are a tax dependent of someone other than a parent or spouse.
  - **Gambling, prizes, or awards:** This includes lottery winnings. It doesn’t include prizes that aren’t taxable, like most academic scholarships.

## Your Family's Health Coverage

Have there been any changes in your health coverage? This section should be completed for any member who has health care coverage **other than** TennCare or CoverKids.

If anyone in the household has health coverage from the following:

- Medicare
  - Provide the names of any household members with this coverage.
- TRICARE
  - Provide the names of any household members with this coverage.
  - This should not be checked if the household member's TRICARE is direct care or Line of Duty.
- Veterans Administration health care programs
- Peace Corps
- Employer insurance
  - Provide the names of any household members with this coverage.
  - Provide the name of health insurance
  - Provide the policy number
  - Specify if the coverage is COBRA or a retiree health plan
- Other. If the person has coverage other than those listed above list that coverage here.
  - Provide the names of any household members with this coverage
  - Provide the name of health insurance
  - Provide the policy number

Specify if the coverage is a limited-benefit plan, like a school accident policy

Tell us if any of the other coverage listed offers maternity benefits for pregnancy care.

Is any person listed on the application offered health coverage from a job? If so, tell us who. This includes coverage offered from someone else's job, like a parent or spouse.

- **Example:** If a parent is offered health coverage at their job, and it includes family coverage, answer yes to this question. Tell us the child's name and the parent's name.

## Questions Part 1

The following questions will help guide you in completing the rest of the Renewal Form and its Appendices. Read the questions carefully. You are answering for you and the people in your household.

If anyone in your household is pregnant you must also tell us the following:

- Who is pregnant;
- The number of babies expected;
- The expected due date.

If you or anyone in your household is living with and is the main person caring for a child under 18 or is caring for an 18 year old who is still in school full time, he/she should answer "yes" and tell us who.

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If you or anyone in your household is age 22 or younger and is a full-time student, he/she should answer “yes” and tell us who.

If you or anyone in your household aged out of foster care at age 18 or older in Tennessee and had TennCare at that time, he/she should answer “yes” and tell us who.

If you or anyone in your household is under 65 needs or is currently getting treatment for breast or cervical cancer, you should answer “yes” and tell us who in your household needs or is currently getting breast or cervical cancer treatment and tell us who gets this care.

If the person needing or currently getting treatment for breast or cervical cancer has not been screened for breast or cervical cancer but thinks she might need screening, she should contact the Health Department: <https://www.tn.gov/health/health-program-areas/localdepartments.html>

If you answer “yes” to a question, follow all instructions associated with that question. If the question tells you to fill out and send in Appendix A and the Renewal Packet, you must do so in order for us to fully evaluate your case.

## Long Term Services and Support

This part will only be included in your Renewal Packet if you or someone in your household is getting long term services and support through CHOICES.

## Questions Part 2

The member should answer **yes** or **no** to the following:

- If they need the kind of care provided in a nursing home, but want care at home;
- If they need the kind of care provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), but want care at home instead.
  - Does the member have an intellectual disability (IQ of 70 or below) that started before age 18.
- If the member has spouse that doesn't live in the home, tell TennCare the spouse's name and why the person does not live in the home.
- If the member is currently getting care in a nursing home.
  - If so, the name of the nursing home and the date the member started getting nursing home care.
- If the member is pregnant or under age 21? AND has the member or anyone else in the home gotten care or medicine in the last 3 months and have bills (paid or unpaid) related to that care or medicine? Or has the member paid for any medical bills this month (no matter how old they are)?
- If the member is getting Social Security payments.
- If the member has received SSI and Social Security in the same month at least since 1977, and still receives Social Security



If you answer “yes” to one or more of these questions, you must send in proof of your resources with the renewal packet. Resources are things owned by you or a person in your household, such as vehicles, bank accounts and property.

| Members should answer questions if any of the following apply:  | Additional Resources Available  |
|---|---|
| <p>The member lives in a medical facility or nursing home, or needs nursing home care in a nursing home or at home;</p> | <ul style="list-style-type: none"> <li>○ Members already in the CHOICES program that need help with the renewal packet should contact their TennCare health plan (MCO) Care Coordinator. If the member does not know who that is or how to reach them, call the member’s health plan. The number is on the back of the TennCare card. The member should ask to talk to their CHOICES Care Coordinator for help with the TennCare Renewal Packet.</li> <li>○ If the member lives in a nursing home, but is not currently in CHOICES the member should call the local Area Agency on Aging and Disability (AAAD) at <b>866-836-6678</b>. Ask the AAAD for help with the TennCare Renewal Packet. The member can also ask the nursing home for help with the renewal packet.</li> <li>○ If the member is not in a nursing home, but needs nursing home care in a nursing home or at home (Home and Community Based Services, HCBS), contact the local Area Agency on Aging and Disability (AAAD) at <b>866-836-6678</b>. The member should ask for help with the TennCare Renewal Packet and say they want to apply for nursing home care.</li> <li>○ If the member is getting HCBS in a PACE or needs HCBS in a PACE, call the PACE case manager directly. Or call PACE at <b>423-495-9114</b>. PACE stands for Program for All-Inclusive Care. PACE is a community based adult day care program whose purpose is to serve the frail elderly residents of Hamilton County.</li> <li>○ If the member is getting HCBS through the Comprehensive Aggregate Cap (CAC), Statewide or Self-Determination waivers for people with intellectual disabilities call the ISC or, if the member is in the Self-Determination waiver, call their case manager with the Department of Intellectual and Developmental Disabilities (DIDD). Or can</li> </ul> |

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|  |  |
|--|--|
|  | <p>call DIDD at the number below:</p> <ul style="list-style-type: none"> <li>• If the member lives in west Tennessee, call <b>866-372-5709</b></li> <li>• If the member lives in middle Tennessee, call <b>800-654-4839</b></li> <li>• If the member lives in east Tennessee, call <b>888-531-9876</b></li> </ul> <p>○ If the member needs HCBS in a waiver for people with intellectual disabilities, but is not currently getting the care now, call the Department of Intellectual and Developmental Disabilities (DIDD).</p> <ul style="list-style-type: none"> <li>• If the member lives in west Tennessee, call <b>866-372-5709</b></li> <li>• If the member lives in middle Tennessee, call <b>800-654-4839</b></li> <li>• If the member lives in east Tennessee, call <b>888-531-9876</b></li> </ul> <ul style="list-style-type: none"> <li>• If the person lives in an ICF/IID, the person can ask the ICF/IID to help with the TennCare Renewal Packet.</li> </ul> |
| <p>The member has Medicare and wants help with Medicare cost sharing (Medicare co-pays and deductibles).</p> | <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at <b>877-801-0044</b> Tell them you need help with your TennCare Renewal Packet, and that you want to get help or keep help with Medicare cost sharing (QMB or SLMB).</li> </ul>   |
| <p>The member needs hospice care.</p>  | <ul style="list-style-type: none"> <li>• Call the member's TennCare health plan (MCO). The number is on the back of the member's TennCare card. Tell them you need help with your TennCare Renewal Packet and you're getting or need hospice care.</li> </ul>  |

### Expenses (Child Care or Care for a Disabled Household Member)

The member should tell TennCare about any payments made for child care, or for care of an adult that is disabled. Proof, signed by the person that gives the care, should be provided with the renewal packet. The proof should say how much is paid and how often.

The member should tell TennCare:

- Who gets the care;
- Who pays for the care;
- The cost of the care;
- How often the care is paid for; and

The member should also tell TennCare about expenses and provide proof showing how much the member pays. Examples of expenses include:

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- Court Ordered Child Support Payments;
- Legally Obligated Alimony; and

## Resources (Things you own)

Have there been changes in resources? Only tell us about the resource(s) that changed or are not listed. You should tell us how much the resource is worth, any amount still owed, and should provide proof of the resource. Only some people have to tell us about their resources. If you don't see this section on your renewal packet, that's ok. Examples of proof are listed on the renewal packet with each resource listed. If the you own a resource not specifically listed on the packet, it should be listed as Other. Other resources not listed in the renewal packet may include (but are not limited to):

- Farm Equipment;
- Livestock; and
- Equipment used for self-employment.

Do you or anyone in your household have any of the resource types listed?

- Property
- Cars and Trucks
- Motorcycles and Boats
- RVs and Campers
- Trusts
- Savings Certificates or CDs
- Burial Contracts
- Cemetery Lots

Tell us about any resources (things the member owned) that have been sold or given to someone else in the past 60 months (5 years).

Do you or anyone in your household have a life insurance policy? If yes, tell us who has the life insurance policy, what its cash value is, and the insurance company and phone number.

You should answer **yes** or **no** to the following:

- Is you or anyone in your household is getting a Social Security check now and also got a Social Security check in 1972.
- If you or anyone in your household has lost Medicare after going back to work because he/she started making money over the Social Security income limit.

Tell us if you or anyone in your household get any of the following types of income. **And** send in proof of the income:

- Money from friends or relatives
- Child Support Payments
- Unemployment Payments from another state
- Veteran's Benefits
- Worker's Compensation
- Interest/Dividends/Royalties

- A person might get this type of income have a checking account, savings account, CDs, etc.
- Rental Income
- SSI. The member does not need to provide proof of SSI income. TennCare can get that proof.
- Other. The member should tell us about other types of income received. Examples include (but are not limited to):
  - Alimony Payments
  - Pension
  - Severance

You should also tell us:

- Name of the person who gets the income;
- The type of income;
- How much the person gets;
- Who pays; and

## Help with Completing this Renewal Packet

**If you need help with this Renewal Packet, this part tells you where to get help.**

**Do you have an authorized representative who can talk to us about your Renewal Packet on your behalf?** Federal law prohibits discussion of a person's case with a third party unless there is written consent from the head of household, or unless the person is present and provides verbal consent to the discussion. If you have an authorized representative, their information is provided in this section. IF you want to give someone permission to do any of the following (see list below), complete the space provided to add an authorized representative to your case.

- Talk about this renewal packet and your health care with us;
- See your information;
- Act on matters related to this renewal packet and your health coverage (including getting information about the renewal packet); and
- Sign the renewal packet on your behalf.

You can change an authorized representative anytime. Call TennCare Connect at **855-259-0701** to change an authorized representative.

## Read and Sign this Renewal Packet

There are several parts to understand here.

**First**, this part explains your rights and responsibilities as a TennCare or CoverKids member. Be sure to read and understand these rights and responsibilities. If you have questions, please call us at 855-259-0701.

**Second**, we ask if there is a parent living outside the home for any children listed on the application. Be sure to check Yes or No.

**Third**, it tells you about your right to file an appeal. If you think a decision we made is wrong, this tells you how to file an appeal.

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**Lastly**, you (or a legal representative or authorized representative) must **sign** the renewal packet. Sign in the box that says “**Signature**”. What if the renewal packet is sent to us but it is not signed? We will not be able to work the renewal packet. We’ll send a letter asking for a signature before we can work the renewal packet.

## **Remember to send us your completed Renewal Packet and facts!**

Be sure to send it to us on time. It must be sent to TennCare by the due date listed in the letter that came with the Renewal Packet. Be sure to send the Renewal Packet and proof (such as proof of income) and Appendix A and/or B (if completed).

**There are 3 ways to renew your coverage. You only need to choose one:**

- 1. Using TennCare Connect to renew online at <https://tenncareconnect.tn.gov>.** Log into your account and choose “Renew my Coverage.” Haven’t created an online account yet or downloaded the app? Go to <https://tenncareconnect.tn.gov> to find out more.

**OR**

- 2. Over the phone by calling 855-259-0701**

**OR**

- 3. Fill out, sign, and send us this Renewal Packet.** There are 2 ways to send your pages to us.

**By Mail: TennCare Connect**

P.O. Box 305240

Nashville, TN 37230-5240

**By Fax: 855-315-0669**

What if the Renewal Packet is not returned by the due date? The member may lose health coverage with us. Sending proof we need to decide if you can keep coverage may help us work the renewal packet faster.

Does someone need help in another language? Call 855-259-0701 and tell us the language. If someone has a hearing or speech problem and uses a TTY, call 800-848-0298, then dial 855-259-0701 and choose option 4.

**Do you want to register to vote?**

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The decision to register to vote **does not** affect our decision on your coverage. If you want to register to vote, you can visit the website listed or we can send you a voter registration form in the mail.

## Appendix A

Appendix A should be completed if you want to add a person to your household and that person would like to be considered for coverage. **Copies can be made of Appendix A if more people need to be added.**

The new person should provide complete information AND answer questions 1-4, which includes the following:

- First name, middle name, last name & suffix (Jr., Sr., III)
- Date of birth
- Sex (Male/Female)
- SSN

The new person's Social Security Number (SSN) should be provided to help us determine the persons eligibility more quickly. There are some exceptions for providing a SSN, but if the person you want to add has an SSN, that information should be provided. People who do not want coverage are not required to provide an SSN, but it is helpful.

If the new person is age 22 or younger and is a full-time student, he/she should answer "yes" to this question.

If the new person aged out of foster care at age 18 or older in Tennessee, he/she should answer "yes" to this question.

If the new person is under 65 who needs or is currently getting treatment for breast or cervical cancer, they should answer "yes" to 3. If the new person has not been screened for breast or cervical cancer but thinks they might need screening, they should contact the Health Department: <https://www.tn.gov/health/health-program-areas/localdepartments.html>

If the new member should answer question 4 and 5 about his/her citizenship status.

What if the new member answers "no" to the question for US citizen or US national, but answers "yes" to the following question as having eligible immigration status? The new member should provide all applicable numbers/IDs to ensure his/her status can be confirmed.

Eligible immigration status means the new member has a status that allows you to be considered for health coverage.

Refugees, asylees, and lawfully permanent residents who have been a lawfully permanent resident for 5 or more years are all eligible immigrants are a few examples of eligible immigration statuses.

Dev: 22Oct18

**Need special help? Need to report a change? Have questions? Call us.**

**TennCare Connect 855-259-0701**

**We're here to help you Monday through Friday, 7 a.m. to 7 p.m.**

## Appendix B

Appendix B should be completed if the TennCare member or a family member is American Indian or Alaska Native and wants to get the most help possible. American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. **Copies can be made of Appendix B if more people need to be included.** Appendix B should be included when the renewal packet is returned.

**REMEMBER: All documents which should include the Renewal Packet and proof, along with Appendix A and/or B (if completed), must be returned to TennCare by the due date in the member's Renewal Packet letter. The letter ID (in the upper left hand corner) is TN 401.**

Be sure to keep the originals for your records. Send us a copy.

Go to the "How to Send Information to TennCare" page that was sent with your renewal packet to find out how to send us your proof.