First Name Last Name

Address 1

Address 2

City, State Zip Code

Current Date

Dear First Name,

According to Wis. Stat. § 49.89(3), an individual must assign long-term care insurance benefits to the state’s Medicaid agency when he or she applies for medical assistance.

Wisconsin Medicaid has learned you may own a long-term care insurance policy. This is the information we have on file:

|  |  |
| --- | --- |
| Medicaid Member ID |       |
| Member Name |       |
| Member Date of Birth |       |
| Insurance Provider |       |
| Policy Number |       |
| Group Number |       |
| Effective Date |       |
| End Date |       |

If this policy is yours, you must arrange for your long-term care insurance policy benefits to be paid to the Wisconsin Department of Health Services. Please follow the directions on the enclosed Long-Term Care Insurance Policy – Assignment of Benefits form, F-01567.

If this policy is NOT yours, please provide the correct information in the boxes below. Mail the completed letter to:

Wisconsin Department of Health Services

TPL Unit

PO Box 6220

Madison, WI 54784

|  |  |
| --- | --- |
| Medicaid Member ID |       |
| Member Name |       |
| Member Date of Birth |       |
| Insurance Provider |       |
| Policy Number |       |
| Group Number |       |
| Effective Date |       |
| End Date |       |

Personally identifiable information will only be used for the direct administration of Wisconsin Medicaid.

If you have any questions about this letter, please call 608-243-0676 and select option 3.

Sincerely,

ForwardHealth Third Party Liability Operations

Enclosure: Long-Term Care Insurance Policy – Assignment of Benefits form