



JOE LOMBARDO  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS  
Director

ROBERT THOMPSON  
Administrator

TANF       MEDICAID       SNAP



Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_

**AUTHORIZATION:** I authorize you to release to the Division of Welfare and Supportive Services the requested information.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE POLICY INFORMATION**

*It is necessary to determine the value and availability of \_\_\_\_\_ resources for public assistance. Our records indicate \_\_\_\_\_ may be insured under a policy with your company. Please provide the information below and return to the above address. Your cooperation will help insure integrity and maintain accountability in the administration of public funds in Nevada. The information provided us will be used only in conjunction with the official duties of this department and will be considered confidential. If our identifying information (name and birthdate) does not agree with your records, please indicate the change.*

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

This company has no record of the above-named person.  
 This person is no longer insured. Termination date of coverage: \_\_\_\_\_

Were the funds paid directly to the client as a result of termination?  YES  NO

If YES, Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

This person is currently insured.

Dependents covered by this insurance: \_\_\_\_\_

Date Insured: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

Face Value: \$ \_\_\_\_\_ Actual cash value (after loan or lien amounts have been deducted): \$ \_\_\_\_\_

Dividends Received: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Due date for next payment: \_\_\_\_\_ Date of last payment: \_\_\_\_\_

Who is the owner of this policy? \_\_\_\_\_

Who would receive the money should this policy be surrendered? \_\_\_\_\_

Are claims for medical insurance ever paid directly to our client?  YES  NO



