



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
INSURANCE AND PREPAID BURIAL LETTER

FROM	ELIGIBILITY SPECIALIST	TELEPHONE NUMBER	DATE
	ADDRESS (STREET)		
	CITY, STATE, ZIP CODE		
TO	NAME OF INSURANCE COMPANY		
	ADDRESS (STREET)		
	CITY, STATE, ZIP CODE		
RE	CASE NAME	CASE DCN	

Dear Sir/Madam:

The above named person is unable to furnish us with current insurance information. In order to determine eligibility for assistance, it is important that we know the amount of insurance in the household. Please complete the information requested below. If your records show any other policies not listed, but carried by these persons, please include them.

We are enclosing a self-addressed envelope for your reply. Your prompt attention in this matter is appreciated.

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME	DATE
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PLEASE NOTE: In order to comply with Federal regulations, our Agency is required to make a local decision on this application within TWENTY-EIGHT (28) days. We are unable to make this decision without your help and cooperation.

Sincerely,

Enclosures

 ELIGIBILITY SPECIALIST LOAD NUMBER

NAME OF INSURED	POLICY OR PLAN NO.	DATE OF ISSUE	FACE VALUE	CASH SURRENDER VALUE	IF SURRENDERED, DATE AND AMOUNT PAID	LIEN/LOAN	BENEFICIARY

OTHER COMMENTS

SIGNED	TITLE	DATE
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