

Life Insurance Information Request Form

Applicant's Name:	SSN:	DOB:		
Spouse's Name:	SSN:	DOB:		
The individual(s) above have applied for Kansa reported ownership of one or more life insurand		ey and/or their spouse have		
To complete a determination of their eligibility, we need additional information about each policy on the next page. Please complete and return this request form by so we may determine eligibility for the applicant in a timely manner. Your prompt attention to this matter is greatly appreciated.				
If there are more than 3 policies, please make a copy of the second page before marking on it and return multiple sheets to show all applicable policies owned by either spouse.				
Please return the completed request form to th	e KanCare Clearinghouse	via mail or fax:		

Fax: 844-264-6285

1 ES-3172 08-22

Mail: KanCare Clearinghouse

Topeka, KS 66601

PO Box 3599

Applicant's Name:	SSN:	DOB:	
Spouse's Name:	SSN:	DOB:	
Life Insurance Company:			
	First Policy	Second Policy	Third Policy
1. Policy Number:			
2. Name of Owner:			
3. Name of Insured:			
4. Name of Beneficiary:			
5. Type of Insurance (term or whole):			
6. Revocable/Irrevocable:			
7. Date of Issuance:			
8. Face Value:			
9. Cash Surrender Value as of :			
10. Is there an Outstanding Loan? If yes, include the amount as of:			

2 ES-3172 08-22

Date Signed:

Representative's Telephone Number:

11. Cash Surrender Value Less Indebtedness as of

Policy?

12. Are Interest or Dividends Earned on the

14. Extended Term / Policy Expiration Date:

16. If transferred in the last 5 years, when was the policy transferred and who was

Signature of Insurance Company's Representative:

13. If applicable, what is the Payment Amount and Frequency?

15. If applicable, when was the policy cashed out and how much was it

cashed out for?

it transferred to?

Title: