



Renewal for Health Care Benefits

<p>Case Number</p> <p>Office Address Texas Health and Human Services Commission P.O. Box 149025 Austin, TX 78714-9025 Telephone: 2-1-1 or 1-877-541-7905 After you pick a language, press 2.</p>
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(First Name Last Name)
(Address Line 1)
(Address Line 2)
(City, TX ZIP Code)

You must be age 21 or 22 to get this state health coverage.

You can renew benefits by going to **www.YourTexasBenefits.com** or you can fill out the form below.

Are you still going to college, university, medical or dental school, or technical institute?..... Yes No

If yes:

1. Fill out this renewal form if facts you gave us in the past year have changed.
2. Fill out the attached School Enrollment Verification form or send a school form that will prove that you are in school. Even if the information is the same, you need to send us proof that you are still going to school.
3. Send us all forms in the prepaid envelope.

Name (first, middle, last)				
Address	City	State	ZIP Code	County
Mailing Address	City	State	ZIP Code	
Area code and phone number	Are you pregnant?		Do you have health insurance?	
Home: Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of insurance company		Insurance company area code and phone number		

Money you get and things you own (income and resources):

Tell us how much money you make before taxes. Include money you earn from jobs, money you get from unemployment insurance or Social Security, or any type of money you get on a regular basis. (Add a page if you need more room.)

Employer Name or Source of Income	How much?	How often?			
	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> every 2 weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly
	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> every 2 weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly
	\$	<input type="checkbox"/> weekly	<input type="checkbox"/> every 2 weeks	<input type="checkbox"/> twice a month	<input type="checkbox"/> monthly

Do you have more than \$10,000 in bank accounts, cash or anywhere else?..... Yes No

Do you have 2 or more cars, trucks or other vehicles worth more than \$10,000 each?..... Yes No

Signing up to vote:

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?..... Yes No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, P.O. Box 12060, Austin, TX 78711. Phone: 1-800-252-8683.

Information you provide in connection with this application is subject to verification by HHSC and other state and federal agencies. Your signature below authorizes release of such information to HHSC and to third parties HHSC may contact to verify the information.

I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge.

_____ Signature _____ Date _____

Your Rights

You have the right to be treated fairly and equally regardless of your race, color, religion, national origin, gender, political beliefs or disability consistent with state and federal law and to file a complaint if you feel you have been discriminated against.

You have the right to request a review of your case if you are: (1) not notified in writing within 30 days from the date your renewal application is filed of the decision regarding your renewal application, (2) denied coverage through this program, or (3) dissatisfied with any other decision that affects your receipt of health care benefits.

Other Important Information

This is not a Medicaid program. To apply for Medicaid or other state benefits, you must complete an application at your local HHSC benefits office. Call 2-1-1 to find an office near you.

Agency Use Only: Voter Registration Status

Already registered Client declined Agency transmitted Client to mail Mailed to client Other

Agency staff signature _____