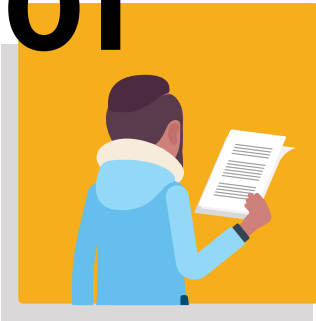


HOW TO RENEW YOUR HEALTH INSURANCE

THROUGH YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES WITH MARCUS

01



Marcus received a renewal packet by mail advising the packet must be completed and returned with all requested documents (no original documents) by the **specified date** on the renewal form.



Marcus reviewed and completed the renewal form, providing all requested information required to make a Medicaid or Medicare Savings Plan eligibility determination.

The renewal form highlighted who and how to contact at his Local Department of Social Services (LDSS) should there be any questions regarding the form or what needs to be sent, prior to returning the renewal form to his LDSS.

02



03



Marcus returned the completed and signed renewal form along with the required documentation (no original documents) by the **specified date** the LDSS needs to receive his form. He sent it by USPS mail, but it can also be returned by fax or dropped off in person to his LDSS.



Once a Medicaid or Medicare Savings Plan eligibility determination was made by his LDSS, Marcus was sent notification by mail with a decision on his renewal. Marcus received his decision and has successfully renewed.

05



If Marcus disagrees with the decision made by the Local Department of Social Services, he has 60 days from the date of the decision to ask for a fair hearing using the phone number provided on the Medicaid or Medicare Savings Plan notice.

04

