

RENEWAL INSTRUCTIONS

- Step 1 Answer all questions on the Renewal form (MAP-909e). If the instructions tell you that you must provide proof, see the bottom and the back of this page for a list of what you can use as proof.
- Step 2 The **Financial Maintenance at Renewal Form**, on Page 8 of the **Renewal Notification** form (MAP-909e), is only needed if your share of monthly housing expenses is more than 70% of your gross monthly income.
- Step 3 If you are enrolled in a Managed Long-Term Care Plan, contact them if you need help to complete your Renewal form.
- Step 4 If you have a spouse that is not applying for Medicaid, complete and sign the MAP-3179a (E) Authorization for Verification of Resources (Legal Spouse).
- Step 5 Return your completed **Renewal** form, the MAP-3179a E) Authorization for Verification of Resources (Legal Spouse) and proofs to us using the enclosed postage-paid envelope. Please respond before the date printed on Page 1 of the Renewal form (MAP-909e).
- Reminder:** If you are married, **you and your spouse must** sign Page 7 of the Renewal Notification.

- Step 6 If you do not have our envelope, mail the package to:

MAIL RENEWAL PROGRAM
HRA/MEDICAL ASSISTANCE PROGRAM
PO BOX 329060
BROOKLYN, NY 11232-9823

REMEMBER - If you do not follow these instructions, your Medicaid coverage may end.

If you mail your documents to us before the date noted on your Renewal form, your current benefits may continue **unchanged** until further notice.

NOTE:

- You do not need to send proof of income and resources unless the renewal form tells you to do so. The amount of income that you report will be compared to available computer matches. If the results of the computer matches are different than the information you give us, the computer match results will be used when deciding your eligibility. You may send proof of your income and resources to make sure we have the right information. If you choose not to send it now, you may be asked to show proof of your income and/or resources later on. The table on the back of this page shows you what can be used as proof.
- If you just moved from New York City to another county in New York State, but do not have a Medicaid case opened where you live now, you should complete and return the Renewal form (MAP-909e) to us. We will help you in moving your coverage.

INCOME AND RESOURCE DOCUMENTS: All income and resource documents must be current. Do **not** send original documents - only copies.

INCOME: Common types of income and good proofs of that income include the following:

Type of Income	Documentation	Type of Income	Documentation
Earned Income from Employer	Current paycheck/stubs ([4] four consecutive weeks) or letter from employer	Worker's Compensation	Award letter or check stub
Self-Employment Income	Current signed income tax return and all schedules or record of earnings and expenses	Veteran's Benefits	Award letter, benefit check stub, or correspondence from Veterans Administration
Rental/Roomer-Boarder Income	Letter from roomer, boarder, tenant or check stub	Military Pay	Award letter or check stub
Employment Based Sick Pay/Disability Income	Award letter/certificate, benefit check stub, or correspondence from source of income	Interest/Dividends/Royalties	Current statement from bank, credit union, or financial institution, letter from broker, letter from agent, or 1099 or tax return (if no other documentation is available)
Unemployment Benefits	Award letter/certificate, monthly benefit statement, correspondence from the NYS Department of Labor, printout of recipient's account information from the NYS Department of Labor's website (www.labor.state.ny.us), or copy of Direct Payment Card with printout	Support from other Family Members	Signed statement or letter from family member
Private Pensions/Annuities	Statement from pension/annuity	Income from a Trust	Trust document
Social Security	Award letter/certificate, annual benefit statement, or correspondence from Social Security Administration	Child Support/Alimony	Letter from person providing support, letter from court, child support/alimony check stub, copy of NY Eppicard with printout, copy of child support account information from www.newyorkchildsupport.com , or copy of bank statement showing direct deposit

EMPLOYMENT: If you are enrolled in the Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD), you need to show proof of your employment. You can send us one of the following:

Detailed written statement from employer	W-2 form
Current paycheck/stub	Income tax return

RESOURCES: Resources include cash on hand, savings and checking accounts, certificates of deposit, stocks, bonds, trust funds, 401Ks, mutual funds, ownership of a business, property that you or someone in your family owns, etc.

Acceptable proof of resources include:

Statements/accountings from the financial institutions in which they are held	Real estate appraisals/assessment
Copies of policies/certificates	Promissory note copies

MEDICARE PART C (Medicare Advantage Plan) / Private Health Insurance: If you receive your Medicare coverage through a Medicare Advantage Plan, you may be entitled to have the cost of your policy premiums deducted from the income that we budget to determine your eligibility/ongoing eligibility. Since plan premiums differ, you must supply proof of your cost.

This income deduction may also apply to you if you pay a health insurance premium to your employer, your union or a third-party insurer.

You can send us one of the following:

Paid invoice	Cancelled check or money order
Copy of bank statement showing payment	Correspondence from insurance provider acknowledging receipt (and dollar amount) of premium payment made
Paystub showing payroll deduction for the cost/your share of the cost for your health	

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 888-692-6116. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

HEARING IMPAIRED CONSUMERS WITH TEXT TELEPHONE (TTY) DEVICES MAY CONTACT US AT 718-636-7783 OR BY CALLING 711