

Estate Recovery Exemptions

There are certain situations in which the Department will not collect the claim you received. Please review, check the boxes below if they apply to you or your family member and submit with the requested documentation. If you have any questions on exemptions or this form, please call your collection representative for more information.

The decedent is survived by a spouse.

Please submit:

- *Proof that the surviving spouse was married to the decedent at the time of death (death certificate listing surviving spouse, marriage documents, etc.), **and***
- *Proof of identity of the surviving spouse including name, social security number, and date of birth (Can be provided below).*

Name _____

Social Security Number _____

Date of Birth _____

The decedent is survived by a registered domestic partner.

Please submit:

- *A copy of the Declaration of Domestic Partnership, filed with the Secretary of State, **and***
- *Proof of identity of the surviving registered domestic partner including name, social security number, and date of birth (Can be provided below).*

Name _____

Social Security Number _____

Date of Birth _____

The decedent is survived by a child who is under age 21 as of the date of death.

Please submit:

- *A copy of a birth certificate or adoption papers.*

The decedent is survived by a child (can be any age) who is blind or disabled as of the date of the Department's claim. The child must be disabled within the meaning of Section 1614 of the federal Social Security Act (42 U.S.C.A. Sec. 1382c).

Please submit:

- *Proof that the individual is disabled, such as a copy of a Social Security award letter or correspondence from the Social Security Administration verifying that the disability existed on the date of the Department's claim,* **and***
- *Proof that the individual is the child of the decedent, such as a copy of a birth certificate or adoption papers.*

*If you do not have an Award Letter, your collection representative may be able to verify your disability. Please contact them for more information.

PRIVACY STATEMENT

The Information Practices Act of 1977 (California Civil Code, section 1798.1, et. seq.) and the Federal Privacy Act of 1974 (Title 5, United States Code, section 552a, et. seq.) require that this notice be provided when collecting personal information from individuals.

The California Department of Health Care Services' (Department) Third Party Liability and Recovery Division's Estate Recovery Section seeks the information requested pursuant to Welfare and Institutions Code section 14009.5, and Title 22, California Code of Regulations, section 50960, et. seq. The person responsible for the system of records for information obtained is the Chief of the Third Party Liability and Recovery Division, MS 4718, P.O. Box 997425, Sacramento, CA, 95899-7425.

Failure to provide the information requested may result in delays in resolving the estate, interest, and/or legal fees. The primary purpose for which the information will be used is to determine whether Estate Recovery (ER) applies and to identify potential exceptions to ER.

The Department does not have any known or foreseeable disclosures that may be made of the information. The applicant has a right of access to records containing personal information maintained by the Department.