

Renewal Instructions on the Web

Registration

In order to complete the entire renewal process, you will need to register if you do not already have online access.

Registration Page

COVERKids
COVER TENNESSEE

Comprehensive health insurance for Tennessee's children

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Is your family currently enrolled in CoverKids?
 Yes No

Do you have your Family Id Number and PIN?
 Yes No

Create Your Online User Name and Password
Enter a username and password of your choice. User names must be at least 4 characters and cannot contain spaces or special characters. Passwords must be at least eight characters and must contain three of the following: An upper case letter, a lower case letter, a number, or a special character such as #, \$, &, or !.

User Name *

Password *

Confirm Password *

Select a security question for the list below and then provide your answer

Security Question*

Your Answer*

Email (optional) (Used for Password Retrieval)

CoverKids Account Information
Provide the following information for the Responsible Adult listed on your CoverKids account

Family Id Number *

PIN *

* = Required Field

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- Is your family enrolled in CoverKids? Select "Yes"
- Do you have your Family ID Number and Pin? Select "Yes"
- Create your User Name & Password by following the guidelines
- Select a security question and answer
- Enter your email address ***This step is optional***
- Enter your Family Id Number & Pin
- Click the Register button

Your account information will be loaded at this point:



Comprehensiv for Tennessee's children



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Renewal Application

Please look at the following information currently on file with CoverKids. If the information is still correct, all you need to do is select 'Continue' at the bottom of the page. If your information has changed, make whatever changes are necessary to the information and then select 'Continue' to complete your renewal process.

Family Id Number

Contact Information

1st Responsible Adult

First Name * Initial
Last Name * Suffix (III, IV, Jr, Sr)

Street Address

Address *
Include Apartment number (for street and mailing address)
City * State *
County * Zip *

Home Phone
Work Phone
Cell Phone

Employer Name:
(Tell us if you are self-employed)
Social Security Number:

2nd Responsible Adult

First Name: * Initial
Last Name: * Suffix (III, IV, Jr, or Sr.)

Home Phone:
Work Phone:
Cell Phone:

Name of Employer:
(Tell us if you are self-employed)
Social Security Number:

Income and Earnings

Do you have income and/or earnings? * Yes No

List all types of earnings and income that any member of your household receives. List the income amount before deductions (such as taxes, insurance, or Medicare premiums) are taken out.

For Self-Employment, what is your Monthly Allowable Federal Tax Deductions? Such as estimated tax, which includes tax you pay to the Federal Government and self-employment taxes.

Who Receives Income *	Type of Income *	Monthly Gross Income (before taxes) *	Self Employment Tax Deduction	Delete
JOHN	Workers Compensation	2123.56	0.00	Delete

Check here if you have additional data to enter

Child Expenses

Are you paying child support for a child not living with you? * Yes No

Child's Name (First and Last Name)	Payer *	Monthly Amount Paid	Delete
Julie Doe	JOHN	111.22	Delete

Check here if you have additional data to enter

Are you paying Child Daycare expenses for a child living with you? * Yes No

Child's Name (First and Last Name)	Delete
Jesse Doe	Delete

Check here if you have additional data to enter

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- Verify all your information is correct and make any changes that need to be made.
- After verifying your information and you make the appropriate changes, click “Continue”.

The next page includes:

Certification, Understanding and Authorization Permission to Release Protected Health Information & the Electronic Signature Consent



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Certification, Understanding, and Authorization

- I understand that signing this authorization is required for enrollment in this health plan.
- I understand that if I get more benefits than I am entitled to through my fault, I may have to repay any extra benefits.
- Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, or national origin. If you have a complaint regarding discrimination, please call 1-800-253-9981 or 615-741-4517.
- I understand that enrollment in CoverKids will be continuous for 12 months unless any of the following occur: The child turns age 19; the child or pregnant woman gains access to state-sponsored health insurance through a family member's or their own employment with a public agency; the CoverKids beneficiary is enrolled into individual or group coverage; 60 days after the pregnancy ends for a woman enrolled because of pregnancy; the family fails to pay CoverKids premiums; an audit or periodic review indicates that a CoverKids beneficiary is not eligible; the CoverKids beneficiary dies; or for other reasons.
- I understand that computer crosschecking may be used to verify information I have provided on this application.
- I understand that I can report suspected fraud and abuse by calling toll-free 1-866-795-1977 or (615) 253-9955.
- I understand that I have the right to appeal an enrollment decision. I will be notified of my rights if my application is denied for any reason.

By signing, you are acknowledging that you have read and accept these statements and that the information you have supplied is correct to the best of your knowledge. Also, by signing you are granting permission to release protected health information as described below. Please read before signing.

Permission to Release Protected Health Information:

- I agree that my [and my child(ren)]'s information can be exchanged between CoverKids, Tennessee Department of Human Services, Tennessee Inspector General, TennCare and other State or Federal Agencies and their contractors. The following information can be shared:
 - Social security numbers;
 - Income information;
 - Health information; and
 - Eligibility information, which includes information about where I live, whether I have health insurance, whether the person applying for CoverKids is a U.S. citizen, and who lives in my house
- This information needs to be shared in order to check your eligibility for CoverKids and/or denial or eligibility for other State and Federal programs including TennCare, Medicaid and other Title V programs such as Children's Special Services programs.
- Additionally, this information may be used for audit purposes and the conducting of CoverKids business, which may include making payments to your healthcare provider and evaluating the performance of a health plan or healthcare provider.
- The income information provided on this application cannot be used by the Internal Revenue Service (IRS) for tax purposes.
- I agree on behalf of myself (and my child(ren), if applicable) to share the information listed above.
- I understand that I do not have to sign this form, however, if I do not sign this form or if I take back my permission, CoverKids may not be able to determine if I or my child(ren) is/are eligible and may deny my or my child(ren)'s eligibility to receive said benefits.
- I see the information on this agreement and understand that I can receive a copy of this signed agreement upon request from CoverKids' Administrative Contractor, Policy-Studies, Inc. (PSI) at 1.866.620.8864.
- I understand that this Release is valid from the date this application is signed. This authorization is valid until all family members included on this application cease participation in CoverKids.
- I understand that if the person or organization authorized to receive the information is not a health plan or a health care provider, the information released may no longer be protected by federal privacy regulations.
- I have read, or have had read to me, the above information, and understand how my protected health information is to be used. This authorization is valid until all family members included on this application cease participation in CoverKids.

ELECTRONIC SIGNATURE CONSENT

- I understand and agree that I have the right to sign and remit this Application in paper (non-electronic) format at my sole option, and understand that no negative consequences shall result from my election to not sign this application electronically
- I understand and agree that I am signing this Application electronically, and by doing so explicitly agree to conduct this Application submission entirely by electronic means.
- I understand and agree that by signing this Application electronically, Tennessee law considers my signature as legally binding and as equally consequential as if I had signed and remitted this Application in paper (non-electronic) format.

I agree

Enter Your First and Last Name: *

Source Code - If Applicable:

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[Complete Renewal Application](#)

- Click the box next to "I agree".
- Type your Full Name in the box marked "Enter Your Name"
- Click "Complete Renewal Application"
- Print your Confirmation Page - You will receive confirmation in the mail confirming your renewal is complete.

Confirmation Page Example:



Post Office Box 2010
Cleveland, TN 37320-2010
1-866-620-8864
TTY 1-866-447-0272
Fax 1-866-913-1046

Date: 01/13/2009

Web Confirmation
Number:

Family Id Number:

Parent Name: JOHN DOE

Thank you for your Renewal application to the CoverKids program. CoverKids is pleased that over the last year, you have had the chance to experience the peace of mind that comes with knowing your child(ren) have had access to quality health care.

This letter is your confirmation of submitting your online renewal application.

If you are required to send in copies of documents, please write your account number on all pages and mail to:

**CoverKids
P.O. Box 2010
Cleveland, TN 37320-2010**

Thank you again for your interest in the CoverKids program.

Sincerely,

CoverKids