

YOUR APPLICATION INFORMATION



If you were helped with an application, you may fill out the information on this card to help you remember who helped you apply and details of your account.

Who helped you with the application?

Certified Enrollment Counselor County Medi-Cal Office Eligibility Worker Certified Insurance Agent
 Plan-Based Enroller Service Center Representative

Certified Representative's Contact Information

Full Name: _____ Email: _____
Phone Number: _____ Enroller ID#, if applicable: _____

APPLICATION INFORMATION:

To check the status of your application you may contact your certified representative or Covered California at 1-800-300-1506.

Account Username: _____

Application ID#: _____ Case#: _____

Remember your account password and account PIN. If you forget your account password or PIN please contact Covered California at 1-800-300-1506.

NOTES:

Use the space below to write down any additional information about your application.

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you should BRING:

FOR EACH FAMILY MEMBER APPLYING



Proof of current income*



CA ID or driver's license of the person who is applying for the family



U.S. passport, legal resident card or certificate of citizenship or naturalization documentation

you should KNOW:

FOR EACH FAMILY MEMBER



Birth dates



Social Security Numbers**



Home ZIP code

GOT QUESTIONS? WE CAN HELP.



Don't forget to tell a friend
"I'm in. You should be too!"

*Proof of current income of all family members applying. (A dependent's income should only be included if their income level requires them to file a tax return.) A family is defined as the person who files taxes as head of household and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

**Families that include unlawfully present immigrants can apply. You can apply for your child even if you are not eligible for coverage.

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