Covered California
Special Enrollment Team
1601 Exposition Blvd
Sacramento, CA 95815

{HOH_FIRST_NAME} {HOH_LAST_NAME}
{HOH_MAILING_ADDRESS_LINE_1}
{HOH_MAILING_ADDRESS_LINE_2}
{HOH_MAILING_ADDRESS_CITY}, {HOH_MAILING_STATE} HOH_MAILING_ZIPCODE}

Special Enrollment Period – We need more information

{CURRENT_DATE} Case Number: {CASE_ID}

Dear {HOH_FIRST_NAME} {HOH_LAST_NAME},

You recently applied for Covered California during a special enrollment period using this qualifying life event: {QUALIFYING_LIFE_EVENT}. We need more information to confirm you or a member of your household qualified to enroll in a Covered California health plan.

Please send proof of this event by {Due_Date}.

The "Document Cover Page" included with this letter tells you three ways you can send proof. Please use that page as your cover page when you send us your documents. You can review the "Acceptable Documents" page for a list of documents you can send as proof.

If you do not send acceptable proof, the Covered California coverage will end for you or your household member. You will have to wait until the open enrollment period in the fall to apply again. Or you may apply again sooner if you have another qualifying life event.

If you need more time to send proof, please call the Covered California Special Enrollment Team at 1-800-752-6603 (TTY 1-888-889-4500), Monday – Friday, 8 a.m. to 5 p.m.

Thank you,

Covered California

This letter is being sent to you in compliance with 45 CFR §155.420; 10 CCR § 6504(e).

This page is blank on purpose.

Covered California
Special Enrollment Team
1601 Exposition Blvd
Sacramento, CA 95815

DOCUMENT COVER PAGE: Proof of qualifying life event

{CURRENT_DATE} Case Number: {CASE_ID}

There are three ways you can send proof:

1. **Upload through your account at CoveredCA.com.** It's fast and easy! Now available on your smart device.

2. **Fax:** **1-888-217-9310**

3. **Mail:** **Covered California**
   ATTN: Special Enrollment Team
   1601 Exposition Blvd
   Sacramento, CA 95815

Remember to put this page on top of any documents you send or upload. Please see the "Acceptable Documents" page for a list of documents you can send as proof.

Acceptable Documents

Send copies; do not send original documents.

Below is a partial list of documents we accept as proof if you lost health coverage or moved. If the proof document you have is not on this list, call Covered California at 1-800-752-6603 (TTY 1-888-889-4500).

Lost or will lose health coverage

If you lost or will soon lose your health coverage, please send:

- A letter from your employer or health plan, or a government document with the names of the people who no longer qualify, coverage type, and date when the coverage ends or you no longer qualify for the program; **OR**
- A letter from COBRA, Cal-COBRA, or FMLA; **OR**
- Fill out and send this form: CoveredCA.com/pdfs/loss-of-coverage-attest.pdf; **OR**
- If you cannot send one of the documents above, please send a letter from you about your qualifying life event and why you do not have one of the documents listed above. You must sign the letter under penalty of perjury.

Permanently moved to/within California

If you moved to a new address, please send:

- A copy of the official US Post Office postcard or email confirmation with your request to change your address; **OR**
- A copy of one of the following: a current bill, bank statement, paycheck stub, signed rental agreement, or mortgage statement that shows your name and new address; **OR**
- Fill out and send this form: CoveredCA.com/pdfs/recently-moved-attest.pdf; **OR**
- If you cannot send one of the documents above, please send a letter from you telling us about your qualifying life event and why you do not have one of the documents listed above. You must sign the letter under penalty of perjury**.**

If you provide false information in your application negligently or with intentional disregard for the rules, your coverage may be canceled. The U.S. Department of Health and Human Services may also fine you up to $25,000. If you knowingly lie on your application, you may be fined up to $250,000.

Section 1557 of the Patient Protection and Affordable Care Act (ACA)

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. Covered California does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Covered California provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and other formats). Covered California also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Civil Rights Coordinator at 916-228-8764 or by email at CivilRights@covered.ca.gov.

If you believe that Covered California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with the Civil Rights Coordinator.

You can file a grievance in the following ways:

Mail: Civil Rights Coordinator
P.O. Box 989725
West Sacramento, CA 95798-9725

Phone: 916-228-8764

Fax: 916-228-8909

Email: CivilRights@covered.ca.gov

You can also file a civil rights complaint with the Office for Civil Rights at the U.S. Department of Health and Human Services.

Mail: U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019 or TTY: 1-800-537-7697

Online: Office for Civil Rights Complaint Portal at
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.
Complaint forms are available on the U.S. Department of Health and Human Services Office for Civil Rights website.

Getting Help in a Language Other than English

IMPORTANT: Can you read this letter? You can call **1-800-300-1506** and ask for this letter translated to your language or in another format such as large print. For TTY call **1-888-889-4500** where you can also request this letter in alternate format.

Español IMPORTANTE: ¿Puede leer esta carta? Usted puede llamar al **1-800-300-0213** y pedir esta carta traducida en su idioma o en otro formato como en letras grandes. Para TTY, llame al **1-888-889-4500**, donde también puede pedir esta carta en algún formato diferente. **(Spanish)**

中文/繁體字 重要事项：您能讀懂這封信嗎？您可以致电 **1-800-300-1533** 並要求將這封信翻譯成您的語言或者索要其他格式如大字版本的信件。對於 TTY ，请致电 **1-888-889-4500**, 您也可以在那里索取其他格式的信件。 **(Chinese)**

Tiếng Việt QUAN TRỌNG: Quý vị có thể đọc được bức thư này không? Quý vị có thể gọi điện đến số **1-800-652-9528** và yêu cầu được dịch bức thư này sang ngôn ngữ của quý vị hoặc chuyển sang định dạng khác như bản in khổ lớn. Người dùng TTY, hãy gọi số **1-888-889-4500** quý vị cũng có thể yêu cầu định dạng thay thế khác cho bức thư này. **(Vietnamese)**

한국어 중요: 이 편지를 읽을 수 있습니까? **1-800-738-9116** 으로 연락하여 귀하의 언어로 번역되거나 큰 활자와 같은 다른 형식으로 요청하십시오. TTY **1-888-889-4500** 에서도 이 편지의 다른 포맷을 요청할 수도 있습니다. **(Korean)**

Tagalog MAHALAGA: Maaari ba ninyong basahin ang sulat na ito? Maaari kang tumawag sa **1-800-983-8816** at humiling na isalin ang sulat na ito sa iyong wika o sa iba pang format katulad ng malalaking titik. Para sa TTY, tumawag sa **1-888-889-4500** kung saan maaari kang humiling ng alternatibong format ng sulat na ito. **(Tagalog)**

العربية هام: هل يمكنك قراءة هذا الخطاب؟ يمكنك الاتصال بـ **1-800-826-6317** وطلب هذا الخطاب مترجماً إلى لغتك أو بصيغة أخرى، بخط كبير مثلاً. للصم والبكم، اتصل بـ **1-888-889-4500** حيث يمكنك أيضاً أن تطلب هذا الخطاب بصيغة مختلفة. **(Arabic)**

հայերեն ԿԱՐԵՎՈՐ Է: Դուք կարո՞ղ եք կարդալ այս նամակը: Դուք կարող եք զանգահարել **1-800-996-1009** և խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրվի մեկ այլ ձևաչափով, օրինակ՝ խոշորատառ: TTY-ի համար զանգահարեք **1-888-889-4500,** որտեղ կարող եք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը: **(Armenian)**

ភាសាខ្មែរ សំខាន់ៈ តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ **1-800-906-8528** និងស្នើសុំឲ្យគេបកប្រែលិខិតនេះជាភាសារបស់លោកអ្នក ឬជាទម្រង់មួយផ្សេងទៀតដូចជាអក្សរពុម្ពធំៗ។ សម្រាប់ TTY ទូរស័ព្ទមកលេខ **1-888-889-4500** ដែលលោកអ្នកក៏អាចស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀតបានផងដែរ។ **(Khmer)**

Русский ВАЖНАЯ ИНФОРМАЦИЯ: Вы можете прочитать это письмо? Вы можете позвонить по телефону **1-800-778-7695** и запросить получение этого письма, переведенного на Ваш родной язык, или распечатанного крупным шрифтом. Лица со сниженным слухом могут позвонить по телефону **1-888-889-4500,** чтобы запросить это письмо в ином формате. **(Russian)**

فارسی مهم: آیا می توانید این نامه را بخوانید؟ می توانید با شماره **1-800-921-8879** تماس بگیرید و تقاضا کنید که این نامه به زبان شما ترجمه شود یا به فرمت دیگری مانند حروف درشت به شما ارسال شود. برای TTY با شماره **1-888-889-4500** تماس بگیرید و از طریق همان شماره همچنین می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود. **(Farsi)**

Hmoob TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Koj hu tau rau **1-800-771-2156** thiab nug kom daim ntawv txais ua yog koj cov lus los sis yog lwm hom xws lis luam tus ntawv loj. Hu tau TTY ntawm **1-800-889-4500** ua koj thov hloov tau lwm hom. **(Hmong)**

महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? इस पत्र को अपनी भाषा में अनुवाद करने के लिए या बड़े प्रिंट की तरह किसी अन्य प्रारूप में प्राप्त करने के लिए 1-800-300-1506 पर कॉल करके अनुरोध कर सकते हैं। TTY **के लिए 1-888-889-4500 पर कॉल करें जहाँ आप इस पत्र को किसी अन्य प्रारूप में प्राप्त करने का अनुरोध कर सकते हैं।** (**Hindi)**

重要：この文書を読むことができますか？希望の言語に翻訳された文書、または大きな文字など別の形式の文書をご希望の場合、**1-800-300-1506** までお電話ください。TTY の場合、**1-888-889-4500** にお電話いただければ、その他の形式の文書をリクエストすることもできます。**(Japanese)**

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ ਸਕਦੇ ਹੋ? ਤੁਸੀਂ **1-800-300-1506** 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਇਸ ਪੱਤਰ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਸਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪਰਿੰਟ ਲਈ ਪੁੱਛ ਸਕਦੇ ਹੋ। ਟੀਟੀਵਾਇ ਲਈ **1-888-889-4500** 'ਤੇ ਕਾਲ ਕਰੋ ਜਿੱਥੇ ਕਿ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਦੇ ਵਿਕਲਪਕ ਰੂਪ ਵਿਚ ਸਰੂਪ ਲਈ ਬੇਨਤੀ ਵੀ ਕਰ ਸਕਦੇ ਹੋ। **(Punjabi)**

สำคัญ: คุณสามารถอ่านจดหมายฉบับนี้ได้หรือไม่ คุณสามารถติดต่อได้ที่เบอร์ **1-800-300-1506** เพื่อขอให้แปลจดหมายฉบับนี้เป็นภาษาของคุณ หรือขอเปลี่ยนแปลงรูปแบบตัวอักษรให้เป็นรูปแบบอื่น เช่นตัวอักษรขนาดใหญ่ สำหรับระบบ TTY คุณสามารถติดต่อได้ที่เบอร์ **1-888-889-4500** ซึ่งคุณสามารถขอจดหมายฉบับนี้ในรูปแบบอื่น ๆ ได้ **(Thai)**