Covered California
PO Box 989725
West Sacramento, CA 95798-9725

COVERED CALIFORNIA

Your destination for affordable healthcare, including Medi-Cal

{FIRST_NAME} {LAST_NAME}
{ADDRESS_LINE2}
{ADDRESS_LINE1}
{CITY}, {STATE_CD} {ZIPCODE}-{ZIP+4}

Action needed by September 30, {Current_Year}!

{CURRENT_DATE} Case Number: {CASE_NUMBER}

Dear {FIRST_NAME} {LAST_NAME},

It is almost time to renew your health plan for {Next_Benefit_Year}. We need your consent to check if your household can keep financial help next year to lower the cost of your monthly premium. Your consent lets us get information from places like the Internal Revenue Service (IRS) and the Social Security Administration to see if you can keep your financial help.

If you do not give us consent, you could lose your financial help next year. This means you will pay the full cost for your health plan starting January 1, {Next_Benefit_Year}.

Update your consent by **September 30, (Current_Year}.**

Go online:

1. Log in to your CoveredCA.com account.
2. Find and expand the "Account Information" section.
3. Click "Consent for Verification."
4. Choose how many years you would like to give consent and click "Update." You can give consent for up to 5 years.

Call Covered California: {Service_Center_Phone} (TTY: 1-888-889-4500)
You can update your consent using our self-service phone system any time. If you want to speak with a representative, call Monday through Friday, 8 a.m. to 6 p.m.

Or find in-person help: To find a certified enrollment counselor or agent near you, go to CoveredCA.com/find-help.

Thank you,

Covered California

This notice is being sent to you in compliance with Cal. Code Regs., tit. 10, § 6498.