

Subject Line: URGENT: You May Lose your Financial Assistance



**COVERED  
CALIFORNIA**

*It's LIFE CARE.*

## URGENT: You May Lose Your Financial Assistance

Dear ,

You recently received a notice that your health plan was renewed for the 2017 benefit year with financial assistance. However, we have not received your updated permission/consent to check electronic data sources to verify your income and family size.

You must give us permission/consent to verify your information so that you may continue to receive financial assistance for 2017. **If you do not give us your consent, you will not get financial assistance for 2017, even if you qualify.** Please update your consent right away.

**Here is what you need to do in order to accurately update your consent:**

Log in to your [CoveredCA.com](http://CoveredCA.com) account and follow these steps:

- Locate the "ACTIONS" section of the webpage (on the right)
- Click on the "Update Consent for Verification and Tax Filing Attestation" link
- Click on the drop down menu "Update my Consent for" to choose the number of years (up to 5 years) to allow Covered California to check your household income

- Click the “Update” button on the bottom of the webpage to submit your choice

**Other ways to update your consent information:**

- Call a Service Center Representative at **1-800-793-6385**

**HOURS:**

Monday-Friday: 8 a.m. - 8 p.m.

Saturdays: 8 a.m. - 6 p.m.

- Contact a Covered California [Certified Enrollment Counselor or Certified Insurance Agent](#) to get help updating your consent

Thank you for being a Covered California member!

The [Covered California](#) Team

PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING THIS EMAIL

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HBEX/Covered California | Service Center | P.O. Box 3530 | Rancho Cordova, CA 95670

800-793-6385

[CoveredCA.com](#)

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