

Covered California Complaint Form



Instructions:

If you would like to appeal a Covered California eligibility determination, please use the [Request for a State Fair Hearing to Appeal a Covered California Eligibility Determination form](#). Use this form for other types of complaints such as problems with the website, service center representatives, Certified Enrollment Counselors, etc.

Questions?

If you need help in another language or would like to file your complaint over the phone, call Covered California at 1-800-300-1506 (TTY: 1-888-889-4500).

Information about you

Case ID (optional):

First Name	Last Name	Suffix
Kevin	Knauss	
Phone Number (with area code)	Email Address	
916-521-7216	kevin@insuremekevin.com	
Street Address	Apt./Ste. #	
8712 Pendleton Drive		
City	State	Zip Code
Granite Bay	CA	95746

Reason for review:

Use extra paper if you need more space to write.

Tell us how we can help you:

Breach of Privacy

On November 6, 2015 my client received an eligibility letter from Covered California that was triggered by our renewing the family health insurance for 2016. In the eligibility letter she was informed that one of her adult daughters who is over the age of 18 either was or had been in jail. This is a breach of an adult's reasonable expectation to privacy regarding their personal life.

The letter stated, "We need proof you are not incarcerated. The records show you are incarcerated (in jail or prison)." Covered California has essentially slandered a member of this household based on data the letter readily admits may be wrong.

How was the mother to react when she read her daughter was in jail when she thought she was in college? It is not the place of Covered California to reveal personal information about adult household members to one another.

Covered California should remove any reference to jail and in its place instruct the household member to contact Covered California.

Mail this form to:

Covered California
P.O. Box 989725
West Sacramento, CA 95798

Fax this form to:

1-888-329-3700
(1-888-FAX-3700)

Email this form to:

Appeals@Covered.CA.gov

Call us at:

1-800-300-1506
(TTY 1-888-889-4500)

What happens next?

Covered California will review your complaint and respond to you as soon as possible.

Need help in another language?



IMPORTANT: Can you read this letter? You can call **1-(800)-300-0213** 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.

Espanol

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. Si usa TTY, llame al **1-(888)-889-4500**, donde también puede pedir esta carta en algún formato alterno.

Mandarin or Cantonese

重要事項：您能否阅读此信件？您可以致电 **1-(800)-300-1533**，要求将此信件翻译为您的母语或者索要其他格式（如，大字版本）的信件。如需 TTY 服务或者索要其他格式的信件，请致电 **1-(888)-889-4500**。

Vietnamese

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.

Korean

중요: 이 편지를 읽을 수 있나요? **1-(800)-300-0213**에 연락하셔서 번역되어 있거나 인쇄물 등 다른 포맷으로 되어 있는 편지를 요청해보세요. TTY **1-(888)-889-4500**에서도 이 편지의 다른 포맷을 요청할 수도 있습니다.

Tagalog

MAHALAGA: Makakabasa ka ba sa 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.

Arabic

طخب، یرخأ ةغیصب وأ کتغل ىل! مترجماً باطخل اذہ بلطو **1 (800) 826-6317** ب لاصتال کئکم ی؟ باطخل اذہ ةءارق کئکم ی لہ :ماہ "ءفل تخم ةغیصب باطخل اذہ بلطت نأ ایضاً کئکم ی تھی ح **1 (888) 889-4500** ب لاصتا، مکبلاو مصلل. مثلاً ری بک

Armenian

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:

Khmer

សំខាន់៖ តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ **1-(800)-906-8528** និងស្នើសុំឲ្យគេបកប្រែលិខិតនេះជាភាសារបស់លោកអ្នក ឬជានប្រុងមួយផ្សេងទៀតដូចជាអក្សរពុម្ពផង។ សម្រាប់ TTY ទូរស័ព្ទមកលេខ **1-(888)-889-4500** ដែលលោកអ្នកក៏អាចស្នើសុំលិខិតនេះជានប្រុងផ្សេងទៀតបានផងដែរ។

Russian

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.

Farsi

مرامش اب دین اوت یم؟ دین اوخب ار ممان نی ا دین اوت یم ای آ: ممم"
تشریح فورح دن نام یرگی د تمرف هب ای دوش مچرت امش ن ابز ممان نی ا مک دینک اضاق ت و دیری گب س امت **1 (800) 921-8879**
تس اوخرد دین اوت یم نی ن چمه مرامش نامه قی رطزا و دیری گب س امت **1 (888) 4500-889** مرامش اب TTY یارب. دوش لاسرا امش هب
"دوش لاسرا امش هب یرگی د تمرف هب ممان نی ا هک دینک"

Hmong

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