



Covered California
 Special Enrollment Team
 P.O. Box 13310
 Sacramento, CA 95813



**COVERED
 CALIFORNIA**

*Your destination for quality
 healthcare, including Medi-Cal*

{FIRST_NAME} {LAST_NAME}
 {ADDRESS_LINE1}
 {ADDRESS_LINE2}
 {CITY}, {STATE} {ZIPCODE}

ACTION REQUIRED: WE NEED MORE INFORMATION FROM YOU

<Date>

Case Number: <Case #>

Dear {FIRST_NAME} {LAST_NAME},

You are getting this letter because the person(s) listed below enrolled in a Covered California health plan during the Special Enrollment Period (outside of the Open Enrollment Period). You must have a **qualifying life event** in order to enroll in coverage outside of Covered California’s Open Enrollment Period. The person(s) listed below claimed to have a qualifying life event:

{FIRST NAME} {LAST NAME} {INSERT QUALIFYING LIFE EVENT(S)}

{FIRST NAME} {LAST NAME} {INSERT QUALIFYING LIFE EVENT(S)}

When you applied for health coverage during a Special Enrollment Period, Covered California informed you that we may need you to send us documents to prove your qualifying life event.

Action Required

We need more information from you. In order to keep your health coverage, please send documents to prove your qualifying life event. The **attached list** shows the types of documents you can send us.

Please note that we will accept any of the documents on the attached list, even if the qualifying life event is different than the one you chose on your application. If you need help or more time please call Covered California's Special Enrollment Team at (916) ***-****.

We need your information within 30 days from the date of this letter. If we do not receive acceptable documents by {insert due date}, your health coverage may be cancelled.

Background Information:

To enroll in Covered California during the Special Enrollment Period, a qualifying life event means that you (or someone in your household) met one of the following:

- Loss of other health coverage such as coverage from an employer, Medi-Cal, or another program.
- Got married or entered into a domestic partnership
- Permanently moved to or within California
- Had a baby, adopted a child, or recently fostered a child
- Placed a child for adoption or in foster care
- Released from jail or prison
- Gained citizenship or lawful presence
- Returned from active duty military service
- Other exceptional circumstances: please contact us if you had an exceptional circumstance that prevented you from enrolling. For examples, go to <http://www.coveredca.com/individuals-and-families/getting-covered/special-enrollment/qualifying-life-events/> or see the attached list.

If you are a member of a federally-recognized American Indian or Alaska Native tribe, you do not need a qualifying life event. Please see the list of documents attached so that you can send us proof of your tribal status.

How do I submit my information?

You can submit your information in one of three ways:

- **The quickest way to send us your information is online at {insert online address}.**

- **Mail your information to the following address:**

**CA HBEX/Covered California
Special Enrollment Team
P.O. Box 13310
Sacramento, CA 95813**

- **Or fax your information to: 1-888-217-9310.**

Please note that if you do not qualify for a Special Enrollment Period, your coverage may be cancelled and you may be fined. The U.S. Department of Health and Human Services may fine you up to \$25,000 if you provide false information in your application negligently or with intentional disregard for the rules. You may be fined up to \$250,000 if you knowingly lie on your application.

Thank you,

Covered California

Questions? Need help?

If you have any questions, please contact Covered California's Special Enrollment Team at 1-888-217-9311. You can call Monday through Friday, 8 a.m. to 5 p.m. Or you can email the Special Enrollment team at consumerprotection@covered.ca.gov.

This letter is being sent to you in compliance with 45 CFR Section 155.420; Cal. Code Regs., tit. 10, § 6504.