



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}

**Thank you for sending us your information.**

<Date>

**Case Number: <Case #>**

Dear {FIRST\_NAME} {LAST\_NAME},

You are getting this letter because you (or someone in your household) enrolled in a Covered California health plan during a Special Enrollment Period (outside of Open Enrollment Period).

On <insert date>, we asked you to send us more information about your qualifying life event. This letter is to let you know that we have received your information and it is acceptable. **Your Covered California coverage will continue.**

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](mailto:consumerprotection@covered.ca.gov).

Thank you,

Covered California