



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 still need more information from you.

<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). You must have a **qualifying life event** in order to enroll in coverage outside of Covered California’s 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 not acceptable because:

{First Name} {Last Name}

- {Illegible: We cannot read the document(s) you sent us.}
- {The document(s) you sent us have expired.}
- {The information you sent us is not what we asked for.}
- {The name on the document does not match the name associated with the case.}
- {We only received some information from you and we need you to send us more.}
- {Other: <insert reason>.}

Action Required

In a previous letter, the Special Enrollment Team asked you to submit your information by [<due date>](#).

Please resubmit your information by [<due date>](#) or you may lose your health coverage. If you need help or more time please call Covered California's Special Enrollment Team immediately at 1-888-217-9311.

For more information on what you need to submit, please refer to the attached list of acceptable documents included with this letter.

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.**

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.

Thank you,

Covered California