



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

YOUR HEALTH COVERAGE WILL END ON (TERMINATION DATE).

{Date} Case Number: {Case #}

Dear {FIRST_NAME} {LAST_NAME},

You are receiving this letter because you (or someone in your household) enrolled in Covered California during the Special Enrollment Period (outside of Open Enrollment). You must have a **qualifying life event** in order to enroll in coverage outside of Covered California's Open Enrollment Period.

Covered California sent you a letter and asked you to send us more information about the qualifying life events you selected on your application. This letter also included a list of acceptable documents you can send us to prove your qualifying life events. We asked you to send us this information within 30 days from the date the letter was sent to you. The health coverage for the person(s) listed below will end on {TERMINATION DATE} because:

(First Name) {Last Name} {We did not get the information we asked for.)

{First Name} {Last Name} {The information you sent us is not acceptable. <Insert reason why the information is not acceptable>}

If you think this is wrong, or you have the documents we asked for, call Covered California's Special Enrollment Team at 1-888-217-9311.

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What If I Am Having Trouble Getting My Documents?

If you cannot get your documents or need more time, please call and tell us. We may be able to give you more time to submit your documents.

What Happens Next?

Without proof of your qualifying life event, the person(s) listed on the prior page(s) of this letter will no longer qualify for the Special Enrollment Period through Covered California. Coverage will end on {TERMINATION DATE}.

You will also receive another letter from Covered California letting you know that you do not qualify for the Special Enrollment Period in a Covered California Plan at this time. You will be able to sign up for health insurance through Covered California during the next Open Enrollment Period in the fall.

You can appeal this termination. More information about how to appeal will come in the separate letter mentioned in the previous paragraph. Or, you can find more information about how to file an appeal at www.coveredca.com/members/file-an-appeal-or-complaint/.

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 Sections 155.310, 155.420; Cal. Code Regs., tit. 10, § 6504.

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